ROYAL SCHOOL OF NEEDLEWORK

BOOKING FORM

DURHAM – Certificate course – 2013

NAME: ………………………………………………....................................................………........

ADDRESS: ………………………….......................................................…………………….........
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…………………........……… POSTCODE: ……...........................................…………………....

TELEPHONE: ……………………………………………………………………………………………

MOBILE: ……………………………………………………………………………………………

EMAIL: ……………………………………………………………………………………………

The date you wish to start ……………….. ............................……………………………..

The technique you will start ……………………………………………………………………….

Payment
£330.00 in advance by negotiable
£660.00 on first day of attendance

Payment Methods
By £sterling cheque made payable to “R.S.N”; £sterling banker’s draft; direct into the RSN bank account (details sent on request); Visa or MasterCard. (Please note there is a 3% handling charge on credit card payments). Visa or MasterCard debit card. (No handling charge on debit card payments)

Materials to be paid direct to Tracy A Franklin
Personal Information

Student’s name: ..................................................................................................................

Date of Birth: ..................................................................................................................

In the event of your being taken ill or having an accident while you are attending the course, please supply the name and phone number of someone we should contact in an emergency.

Emergency Contact Name: ...........................................................................................
(Please print)

Telephone Number: ........................................................................................................

If we may be able to help your participation on the course by some special provision, please indicate:

Sight □ Hearing □ Mobility □ Other □ (Details)

If you have a medical condition that you feel we should know about, please inform Gill Holdsworth, Head of Education. The information will, of course, be treated in strictest confidence and will only be passed to the relevant tutor at your request.

Signature: ..........................................................................................................................

Date: .................................................................................................................................

Please return to Gill Holdsworth, Head of Education, Royal School of Needlework, Apt 12A Hampton Court Palace, Surrey KT8 9AU, UK.
Direct Line: 020 3166 6937; Email: Gill.holdsworth@royal-needlework.org.uk
Or via, Tracy A Franklin