

Westhope Craft College **Booking Form**

Course Title:.....

Course Date:.....Course Ref:



First Name:.....

Surname:.....

Address:.....

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Postcode:.....Home Tel. No.....

Daytime Tel. No.....Mobile Tel. No.....

E-mail:.....

Once or twice a month we may send you news about Westhope via email. If you do not wish to receive this, please tick this box.

Emergency phone no. :

ESSENTIAL:.....

Dietary Requirements:.....

For Non-residential Courses the College can provide details of Bed and Breakfast accommodation. For those wishing to be resident, the College will contact you to discuss your accommodation requirements. Cheques should be made payable to 'Westhope Charity'. Please return this form, together with your payment to:

**The Bookings Administrator, Westhope Craft College,
Craven Arms, Shropshire SY7 9JL.**