**BOOKING FORM**

**10 Week Follow on Beginners’ Course**

The information given on this form is confidential,

your details will only be used to advise of any information or changes to the course.

|  |  |
| --- | --- |
| Course start date |  |
| Name |  |
| Address |  |
| Post code |  |
| Email |  |
| Phone- landline |  |
| Phone – mobile |  |

**Payment methods - Cheques** to Karen Welsh

Send to - 53 Cornwall Road, Salisbury, SP1 3NH

**BACS -** (direct bank payments) indicate your preference on this form and return

I will email the bank details for your payment.

|  |  |
| --- | --- |
| Payment method |  |
| Date paid |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Please add me to the mailing list |  |  |
| Read terms and conditions |  |  |
| Where did you find me? |  |

Look forward to meeting and creating art with you.