



FOR MEMBERS OF STAFF & MEMBERS OF THE PUBLIC

BOOKING FORM FOR ARTS CENTRE COURSES

FULL NAME(S):
ADDRESS:
POST CODE:
TELEPHONE:
MOBILE:
EMAIL:
CAR REGISTRATION (IF PERMIT REQUIRED): (CONTROLLED PARKING ON CAMPUS OPERATES WEEKDAYS ONLY 8 - 4.30)
PAYMENT OPTIONS

but f rm bookings are only accepted when the course fee is paid in full.