

ENROLMENT FORM

Name

Address

Post Code

Telephone

Email Address

Date of Birth (if under 16)

I wish to enrol on the following

1. Course Title :

Course Date

Course Time

2. Course Title :

Course Date

Course Time

I enclose payment of : £

Signature

Date

Cheques payable to “Patchings Art School”

- **Full payment for courses must be made in advance.**
- **Please note we are unable to transfer or make refunds for cancellations.**

Please return with SAE to :-

Patchings Art Centre, Oxtou Road, Calverton, Notts. NG14 6NU

NB : Please let us know if you have special needs.