

A-PDF MERGER DEMO

The application form

Your full name

Your address

Your postcode

Your telephone numbers

Day:

Evening:

Your email address

 @

Name of course
please circle

act all delivering presentations act one act for act too

Dates of course

from to

Deposit enclosed (please circle)

£60.00

Full payment enclosed

£

please write amount

What are your main reasons for attending the course?

I have read & understood
act up's terms & conditions

Please circle

YES

Payment by Cheque

made payable to act up

I enclose my fee / deposit of

£

Payment by Credit/
Debit Card

The last 3 numbers printed on signature strip (on the back of your card).

Please debit my:

please circle

Visa, Mastercard, American Express, Solo, UK Maestro

Number:

Expiry Date..... Issue No (where applicable).....

Amount £

If you are paying the deposit now, you will have to contact us again to authorise the remainder of your fee to be debited from your card. The outstanding balance must be paid in full one week before the course begins.

Address if card is not
registered at one above.

Name (as on card)

Your signature

Date:

Please print off and send your completed application form to:

act up, Unit 88, Battersea Business Centre, 99-109 Lavender Hill, London. SW11 5QL

Please call if you would prefer to give your card details over the telephone: 020 7924 7701

THANK YOU

act up is registered under the Data Protection Act

Act up's HEALTH ASSESSMENT. Please attach to your application form.

First name Surname

Male Female

Are you presently taking medication or receiving treatment of any kind?

Yes No

If yes, please give details

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Do you have any current or past injuries, however minor, which might effect your ability to undertake some exercises? Please give details

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Please give details of any other personal or medical history of which we should be aware

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Please give details of any allergies you might have of which we should be aware

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Do you have any disabilities or additional learning needs (including dyslexia) which you feel should be taken into consideration? We ask this so that appropriate adjustments can be made.

Yes No

If yes, please give brief details of your disability

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