



The act up application form

Your full name

Your address

Postcode

Contact number

Email address

 @

Title of your course

Dates of your course

From – to –

What are your main reasons for taking the course?

Deposit enclosed? Please write down the amount

Full amount enclosed? Please write down the amount

Concessionary rate? Please write down the amount and attach photocopy of proof

How are you paying, please circle your choice below

Cheque (made payable to act up) **Card** (please complete the boxes below)

Please debit my: Visa, Mastercard, American Express, Solo, UK Maestro

For the amount

£

Card No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date

<input type="text"/>	<input type="text"/>
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Issue No (where applicable)

Security code (last 3 digits on the back of the signature strip) -

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address the card is registered to

act up's health assessment

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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Please send your completed application form to:
Unit 88, Battersea Business Centre, 99-109 Lavender Hill, London. SW11 5QL

Thank you