

# Course Booking Form 2018



|  |  |
|--|--|
| Name (as to appear on your certificate): |  |
| Address:                                 |  |
| Postcode:                                |  |
| Telephone number:                        |  |
| Email address:                           |  |
| Date of birth:                           |  |
| Any special dietary requirements:        |  |
| Any allergies:                           |  |
| Any other information:                   |  |

Payment for this event is via BACS:

Account Number: 01037676

Sort code: 54 – 21 – 13

Please put your name as a reference

**Hawksmoor – Watling Street – Nuneaton – Warwickshire – CV10 0TQ**

**Tel: 02476 350221**

[www.hawksmoorhydrotherapy.com](http://www.hawksmoorhydrotherapy.com)

**Email: [sue@hawksmoorhydrotherapy.com](mailto:sue@hawksmoorhydrotherapy.com) [sara@hawksmoorhydrotherapy.com](mailto:sara@hawksmoorhydrotherapy.com)**