

Katz Keepers Application Form

 Please send this form to: **Katz, Bakehouse Cottage, 10 The Green, Hose, Melton, LE14 4JP**

 Full details will be emailed to all keepers on receipt of a completed application form

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Age on the day	<input type="text"/>
	<input type="text"/>	Male or female	<input type="text"/>
	<input type="text"/>	Home Tel	<input type="text"/>
	<input type="text"/>		
Postcode	<input type="text"/>	E-mail	<input type="text"/>

Emergency phone numbers

Name 1	<input type="text"/>	Tel. No.	<input type="text"/>
Name 2	<input type="text"/>	Tel. No.	<input type="text"/>

Do you have any medical or dietary conditions we should be aware of? NO YES

If Yes, Please Specify

Please tick the dates you would like to book

FEBRUARY	<input type="radio"/> Mon 16 th	<input type="radio"/> Tue 17 th	Please tick one of the boxes <input type="radio"/> Payment enclosed [] <input type="radio"/> I prefer to pay on the day [] <input type="radio"/> I prefer to pay via Paypal [] <i>(A request for payment will be sent to you – please ensure you fill in your email address above)</i>	
APRIL	<input type="radio"/> Mon 6 th	<input type="radio"/> Tue 7 th		
MAY	<input type="radio"/> Thu 28 th	<input type="radio"/> Fri 29 th		
JULY	<input type="radio"/> Wed 22 nd	<input type="radio"/> Thu 23 rd		<input type="radio"/> Fri 24 th
AUGUST	<input type="radio"/> Mon 17 th	<input type="radio"/> Tue 18 th		<input type="radio"/> Wed 19 th
OCTOBER	<input type="radio"/> Mon 26 th	<input type="radio"/> Tue 27 th		

Courses are held at Highfields Playing Fields, University Boulevard, Nottingham, NG7 2PS, 9am - 4pm

Signature of parent/guardian: _____ Date: _____

Please print name: _____

REFUNDS

Full refunds will be made if courses are cancelled to all applicants or if 48 hours notice is given before the start date of the course. Full refunds will also be made at any time if applicants are unable to attend due to injury or illness and provided that a genuine medical certificate is presented.