

BOOKING FORM

- Please complete in BLOCK CAPITALS
- Return to the address found overleaf



ABOUT YOU

NAME

ADDRESS

POST CODE

TEL

EMAIL

SPORT(s)

INVOLVEMENT

- Coach Official Participant
 Teacher Other

GENDER Male Female

On SASSOT Coach Database

- Yes No

ETHNIC ORIGIN

- White Mixed Asian
 Black Chinese/Other
 Do not wish to declare
 Other *[please specify below]*

AGE

- 16 - 18 19 - 24 25 - 34
 35 - 44 45 - 54 55 +

Do you consider yourself to have a disability?

- Yes *[please specify below]* No

- Physical Impairment
 Learning Difficulties
 Hearing Impairment
 Visual Impairment
 Other (please give details)

You may be engaging in physical exercise. Do you have a medical condition that we need to know about?

- Yes *[please specify below]* No

Please contact us about any arrangements that you would like us to make to cater for your disability or medical condition.

➤ Increasingly Active, Healthy and **Successful Communities**

WORKSHOP SELECTION

Morning Workshop: Tick code or state title of workshop (refer to brochure for codes)

	SP	CS	AYC	CSE	EA	SCA	MBA	NSP
1st Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title								
2nd Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title								
3rd Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title								

Afternoon Workshop: Tick code or state title of workshop (refer to brochure for codes)

1st Choice					2nd Choice					3rd Choice				
SN	DPS	FM	MB	CDP	SN	DPS	FM	MB	CDP	SN	DPS	FM	MB	CDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title					Title					Title				

I have the following dietary requirements eg vegetarian, allergies:

SIGNED: _____

DATE: _____

Please return completed form and payment to:
Kam Webster, Sport Across Staffordshire & Stoke-on-Trent, Stafford Borough Council, Civic Centre, Riverside, Stafford, ST16 3AQ by **12 October 2008**.

Please make all cheques [**£30 per delegate**] payable to: **Stafford Borough Council**. Places are limited on a first come, first served basis, per sport. You will receive a confirmation letter with further details and map to the venue.

- The information on this form will be stored electronically and as a hard copy. We aim to establish baseline data on those people accessing our services, which in turn may lead us to review the way we deliver our services eg marketing, access, awareness and training of staff.
- We would like to contact you about workshops, courses and conferences that the partnership is organising. Tick this box if you do not want to receive these mailings.
- We would like to use photographs and images from this event in future publicity. Tick this box if you do not want your photograph used in this way.

