



ASC Southwest

Event Booking Form

Event Date

Name

Address

..... Postcode

Tel Email

Date of birth

I would like to reserve place(s) at the above event. *Please list additional names below:*

Name Age Name Age

Name Age Name Age

Disabilities

I enclose my payment of £ . *Please make cheques payable to ASC Southwest.*

I confirm that my fitness level is suitable for this activity.

I have read and understood the enclosed terms and conditions, which will apply to me as a member of ASC. I understand that I participate in all activities with ASC at my own risk.

Please visit www.ascsouthwest.co.uk/calendar to view full event detail, including what kit/clothing to bring with you to this activity.

Signed Date