

# CHIPPENHAM ARCHERS

## Beginners Course Registration Form

<b>Title:</b>		<b>Age</b> (if under 18):	
<b>First Name:</b>			
<b>Last Name:</b>			

<b>Address:</b>			
<b>Town/City:</b>			
<b>County:</b>			
<b>Postcode:</b>		<b>Contact Number:</b>	

<b>Email:</b>	
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<b>Any Medical Conditions or injuries that may hinder your progression on the course</b>	
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I have enclosed the course fee of £60 per person (enter the total amount next to the appropriate payment method)	<b>Cash</b>	£
	<b>Cheque</b> <i>(Chippenham Archers)</i>	£

<b>Please Return the Completed Form and Course Fees to:</b>	<b>Beginners Coordinator</b> 6 Chippenham Road Corston Wiltshire SN16 0HQ
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