

# WEYMOUTH OUTDOOR EDUCATION CENTRE

Knightsdale Road, Weymouth, Dorset, DT4 0HS  
Tel: 01305 784927 Fax: 01305 766362  
Email: woec@dorsetcc.gov.uk

## INDIVIDUAL BOOKING FORM

|                    |                |
|--------------------|----------------|
| Surname:           | First Name(s): |
| Address:           |                |
| COUNTY:            | POSTCODE:      |
| Age:               | Date of Birth: |
| Phone No. Day:     | Male/Female:   |
| Phone No. Evening: | Course code:   |
| Mobile Phone No:   | Course Title:  |
| Email:             | Course Dates:  |

To assist instructors to plan, it is very useful to have an idea of the level of experience of people attending the course. If you are taking a taster or introductory course you can start with no experience.

|                                 |  |
|---------------------------------|--|
| List BCU, RYA award(s) achieved |  |
| Other relevant experience       |  |

WOEC must be informed of any illness such as epilepsy, heart condition or asthma, any medication taken, medical treatment being received, any disability or special needs. Please provide details below.

**Emergency Phone No:**

Signing this form shows that you believe the person named above to be physically fit to take part in the course. For watersport courses, he/she must be water confident.

**SIGNATURE\*** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\* Parent/guardian for participants under 18 years.

**THIS BOOKING FORM MUST BE COMPLETED & RETURNED  
TO WOEC BEFORE THE START OF THE COURSE.**

## How to make your payment

A: I enclose a cheque/postal order for £ \_\_\_\_\_ payable to: W.O.E.C.

B: Please charge my credit / debit card the sum of £ \_\_\_\_\_

**SWITCH**  **SOLO**  **MAESTRO**  **VISA**  **MASTERCARD**

**Cardholder Name:** \_\_\_\_\_

**Card Number:**

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| <b>Start Date:</b>  | <b>Expiry Date:</b> | <b>Issue No (Switch Only)</b> |  |  |   |  |  |  |  |   |  |  |
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**Security Code (last 3 digits)**

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| <b>Cardholder's Postcode</b>  | <b>Cardholder's House No</b> |  |  |  |   |  |  |  |  |
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Protection Act 1988. This information is being collected for the purpose of making a booking. It is held on a confidential record. The information may be given to WOEC instructors or a medical practitioner if the need arises and may also be used for the wider purpose of providing statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources. If you have a query or concern regarding this, please contact: The Manager, Weymouth Outdoor Education Centre, Knightsdale Road, Weymouth, Dorset DT4 0HS.

### For Office Use Only

| Course Code | Date | Receipt Number | Amount |
|-------------|------|----------------|--------|
|             |      |                |        |