ENROLMENT FORM

COURSE NO.

Name of Course			Dates		
Mr/Mrs/Miss	Christian Name	Surname	Address	Postcode	Age (if under 18)

Remittance enclosed £ being @ £ per person * Delete as appropriate

Company..... if a receipt is required please tick box ☐

Captain ..... (signed)

Address..... Postcode .....

I wish to pay by Visa/Mastercard. My card number is (13 or 16 digits):

For Office Use	
Cash Received	
Receipt No.	

Name on Card	*Expiry Date*	*Security Code* *3 digit no on signature strip*
Signature		

TO BE RETURNED TO SCOTTISH HEADQUARTERS, CARRONVALE HOUSE, CARRONVALE ROAD, LARBERT FK5 3LH.
HAVE YOU REMEMBERED TO INCLUDE YOUR COURE NUMBER

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