Enrolment Form for Classes & Workshops

To book your place, please complete the form below and post to:
The Letchworth Centre for Healthy Living, Rosehill Hospital, Hitchin Road, Letchworth, Herts. SG6 3NA

For confirmation of booking please enclose an SAE

Title (Mr. Mrs. etc.) Surname

First name Date of birth (optional)

Address

Postcode

Mobile Email

Tel (Day) Tel (Evening)

By supplying my email, I give my consent for The Letchworth Centre's administrative or marketing purposes

Class/Workshop	Ref.	Fee
1.		
2.		
3.		
4.		

- Concessions are available on some classes, at the discretion of the Centre.
- Proof of entitlement will be required upon enrolment.

TOTAL £

☐ Cheque payable to "**The Letchworth Centre**" ☐ Cash ☐ Credit card

☐ Visa ☐ Mastercard ☐ Switch/Maestro ☐ Delta

Card number

Valid from:_ _/_ _ Expiry date: _ _/_ _ Security 3 digit code_ _ _

Found on the back of your card

Issue no:_ _ Switch/Maestro

I certify that the above information is true and accurate. I consent to my details being held by the Letchworth Centre for Healthy Living for purposes of administration. I agree to the Letchworth Centre contacting me with details of programmes that the Centre may run that may be of interest to me, or research that it may wish to conduct into its clinic and classes.

Signed: Date: