

CIRCOMEDIA

CIRCOMEDIA RE-REGISTRATION FORM

Course

Tutor

Start Date

Full Name:

Date of Birth:

I confirm that I wish to re-enrol for the aforementioned course having previously registered for this course earlier in the current academic year.

I confirm that the information given on my original Registration Form for this course is still correct and has in no way altered since that time.

I accept that some of the activities are potentially dangerous and undertake them at my own risk.

I understand that the full fees must be paid in advance of the course commencing and are non-refundable.

I understand that the tutor reserves the right to refuse to teach any participant who is un-cooperative or does not observe instruction.

Signed

Date

FOR CIRCOMEDIA USE ONLY:

Payment Received: £

Method of Payment

Staff Signature

Date

Staff Name (printed)

Stamp:

