

Advance Booking Slip

Please ensure the form is signed. We cannot process unsigned forms.

Name:	
Address: Including Post Code:	
Telephone Number:	
Email Address:	

Please state specifically where you heard about us	
Do you have any special dietary requirements?	
Do you have any specialist needs? (Eg wheelchair)	

Please fill in the dates that you would like to attend.
If possible, give an alternative date and state your preferred choice.

DATES	COURSES	PREFERENCE
E.G. 7 -9TH MARCH	BEGINNERS AND INTERMEDIATE	1ST

PAYMENT DETAILS - Please tick

Cheque/P.O **Debit Card** **Credit Card**

If paying by card please complete details below - please see section 2 and 3 of terms and conditions. **PLEASE ENSURE THE SECURITY NUMBER IS COMPLETED OTHERWISE WE CANNOT PROCESS THE BOOKING.**

(See section 3 to find security no)

Card Number:

Exp Date: / **Valid from:** / **Issue No:** **Security No:**

I enclose the deposit for tuition (cheques payable to Artimagination) see terms and conditions for amount. I agree to pay the remaining balance prior to my first class in accordance with terms and conditions. I have read and understood the terms and conditions of this booking.

Signed.....Date.....

SEND TO : ARTIMAGINATION LTD, 23 EASTERN AVENUE, MITCHELDEAN GL17 0DB