

# expedition first aid

every life matters

## BOOKING FORM FOR ALL COURSES

MAIN CONTACT DETAILS	
Name	
Organisation	
House - Name-Number	
Road	
Town-City-Village	
County	
Post Code	
Day telephone contact number	
Evening telephone number	
Mobile number	
Email address	
DELEGATE	NAMES
1	
2	
3	
4	
5	
6	
COURSE	DATE
Date One (preferred date)	
Date Two (alternative date)	
Date Three (alternative date)	
PAYMENT	OPTIONS
FULL PAYMENT enclosed	
50% Deposit + Balance due on the day of your course	
<b>Invoice</b> -- only available with official order number	

Please provide the following information, this information will not be revealed to any third party, but will enable us to ensure the course is relevant to you.

<p>Please any recent illnesses, back or knee problems, as part of this course is outside and lifting is part of this course</p>	
<p>Please list your present qualifications, and a brief outline of your outdoor activity experience</p>	
<p>Please give a brief outline of any previous first aid or medical training</p> <p>Please sign &amp; Date</p>	

**Please send your payment by cheque to=Expedition First Aid,**  
Elmfield 104 Seagrave Road Sileby Leicestershire. LE12 7TR  
**Please read our terms and conditions before making a payment**