



Walsall Street Teams

Training Course Booking Form

Course Title: _____

Please state the date you wish to attend: _____

Name: _____

Organisation: _____ Job Title: _____

Organisation Address: _____

Telephone No: _____

Email: _____

Please state any dietary requirements: _____

I would like to be offered a place on the above course and will inform Walsall Street Teams if I am unable to attend at least 5 days prior to the course. No refunds will be given for non-attendance or later notification of cancellation.

Please select:

- I enclose payment of £35 for the course.
(Please make cheques payable to Walsall Street Teams)
- Please invoice my organisation (Please give details) _____

Signed: _____ Date: _____

Please return to:
Walsall Street Teams, Bradford Street Centre, 51 Bradford Street, Walsall WS1 3QD