

Booking Form



Person/s Attending:

Contact Address:

Contact Number: _____

Email: (we may contact you this way) _____

Course Details:

Name of course's/ date/ Time...

Payment Details:

Please choose/ tick one of the following options...

- I have enclosed a cheque for the amount of £.....
- Please invoice for the cost incurred of £.....
Invoicing details:
- I am entitled to a FREE bursary place and have spoken to someone regarding this.

**Please complete and return a booking form, send to;
Healthy Living Network Leeds, Unit 4 Armley park court,
Leeds LS12 2AE. Telephone 0113 2951043 for more
information or help completing the form. Thank you.**