



**Booking Form**

Name: .....

Address: .....

Daytime Tel. No.:.....

Mobile. No.:.....

Email:.....

Which class would you like to attend: .....

Payment included Yes/No

Pre-Exercise questionnaire: Yes/No

Signature:.....

Date:.....

Please return this form to:

**Sarah Brown**  
**Old School House**  
**4 Front Street**  
**Tealby**  
**Market Rasen**  
**LN8 3XU**