

BOOKING FORM CHOREOGRAPHY CLINIC 11th FEBRUARY 2017

NAME OF APPLICANT.....

ADDRESS

.....

PHONE No..... EMAIL.....

CLUB.....

LEVEL OF COACHING IN CLUB.....

Forms to returned to W.A.Cooper, 8 Brockwell Gardens, Sowerby Bridge,HX6 1BP

or email to :- yorkssynchro14@btinternet.com

Cheques may sent to the above Address made payable to “Yorkshire S.A.”

Bacs payments may be made to Yorkshire Synchro sort code 30-93-76

Account no 02883421