



West London Academy  
**Community Sports Centre**  
*"Feeding Sports into the Community"*



# ACTIVITY/COURSE BOOKING FORM

<b>Course Title:</b>	
<b>Start Date:</b>	<b>Finish Date:</b>
<b>Day:</b>	<b>Time:</b>

<b>Name:</b>	
<b>Age:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Post code:</b>	
<b>Home telephone number:</b>	
<b>Work number including ext #:</b>	
<b>Mobile:</b>	
<b>Emergency telephone number:</b>	
<b>Medical notes, including allergies:</b>	
<b>Special Needs:</b>	

**Cheques should be made payable to West London Academy**

Please note that the information supplied on this form will be held on computer and may be used for purposes authorised by WLA's registration under the Data Protection Act 1984.  
 In the event of cancellation course fees can only be refunded if we are able to re-let the place & will be less 10% admin'. Course participants are not permitted to enter the playing areas before the instructor.

**To which of these best describes your ethnic group?**

White	Asian or Asian British	Black or Black British	Mixed	Chinese or Other
British <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White & Black <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	White & Black African <input type="checkbox"/>	
	Other <input type="checkbox"/>		White & Asian <input type="checkbox"/>	
			Other <input type="checkbox"/>	

**Staff Use Only:**

Total amount payable:	
Payment received:	
Receipt No.	Date:
Staff Signature:	

**Terms & Conditions** – I have read and understand the terms and conditions relating to the Activities and Play schemes operated by the West London Academy.  
 I agree to abide by these terms and conditions and the rules applied at the Community Sports Centre.

Parent/Carer signature:	Date:
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