

Enrolment Form

To book your place complete all sections below in block capitals & return to:
**The Letchworth Centre for Healthy Living, Rosehill Hospital, Hitchin Road,
Letchworth, Herts. SG6 3NA**

Title (Mr. Mrs. etc.)		Surname		
First name		Date of birth		
Address				
		Postcode		
Tel (day)		Tel (eve)		
Mobile				
Email				
Your email address is necessary for confirmation of booking				
How did you first hear about these classes?				
Class		Time	Code	Fee
1.				
2.				
Credit Card Fee (if applicable) £2.00				
			Total	£

- Cheque (payable to The Letchworth Centre) Cash Debit card
 Credit card (a £2 processing fee is payable) (We do not accept AmEx Cards)

Card number

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Valid from: __/__/__ Expiry date: __/__/__ 3 digit security code __ __ __

Data Protection: your details will be kept on our mailing list solely for the purpose of sending you information about classes and activities at the Letchworth Centre for Healthy Living. They will not be made available to any third party at any time and will be securely managed. Please contact us to have your details removed.

Signed:

Date: