

PLEASE PRINT

Course Title:

Day:

Time:

Starting Date:

Name:

Home Phone:

Mobile:

Address:

Emergency Contact -
in case of accident
Name & Number:

Postcode:

e-mail:

Course Safety:

Please be aware that you may be using sharp cutting tools and electronic heat tools. McKenzie Crafts expect all participants to use due care and attention whilst handling and using these tools.

I have read and agree to the above safety awareness statement. **Signed:**

Payment Options:

A £20 deposit is required per course for each person. This will constitute payment for week 6 of your course. Please note: you will be required to bring £20 along to your first and subsequent sessions unless you have paid for your course in full at enrolment. Workshop deposits are £10.

Please Tick as required		£	Paid on
Method of Payment: Cash	☐	Deposit:	20
Cheque	☐	Saturday Workshop:	10
(Not yet available) PayPal	☐	Full Course Fee (6 Weeks):	120

Deposits shall be non refundable unless a clear 48 hours notice (two working days) is received by McKenzie Crafts prior to the due start date of the course.

Should you need to cancel your place on this course, **PLEASE TELEPHONE** McKenzie Crafts as soon as you know that you are unable to attend on: **07521 203222, Voicemail is active on this phone.** Please provide the following information: your name - and which course you are booked - on including the Course name, e.g. (Card Making 1); Day of course, e.g. (Tuesday); Start Time (09:30am) and your scheduled Start Date, e.g. (31 May 11).

Refunds will be made at the earliest available opportunity, this will normally take up to 5 working days, but you should allow between 7 – 10 working days.

- Your consent is required for us to hold your contact details on file electronically and for us to contact you in the future. Your details will **never** be given or sold to any third party.

I consent for my contact details to be held on file by McKenzie Crafts so that they can inform me about this and future craft courses that I may be interested in.

Client Signature:

Print Name:

Date:

Enrolled by: (Please Print Name):