

# Training Day Application Form

Please complete in BLOCK CAPITALS and return by 23<sup>rd</sup> September to:

Lee Spindlow  
Swimming Development Officer  
Mottisfont Court  
High Street  
Winchester  
Hampshire  
SO23 8ZF

**Participant Name** Mr/ Mrs/ Miss/ Ms \_\_\_\_\_

**Club** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Mobile / Work Tel** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Courses wishing to Attend** **AM:** \_\_\_\_\_ **PM:** \_\_\_\_\_

**Course Start Date** Sunday 30<sup>th</sup> September 2

Please state any Health/Medical or Learning needs of which the Course Tutor should be made aware of or any dietary requirements for catering

nvtech.com

**Applicant** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Club Official** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_