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| **LEEK AND RUDYARD RAILWAY****STEAM ENGINE DRIVER EXPERIENCE****COURSE BOOKING FORM** | **Leek and Rudyard Railway Ltd**Rudyard StationRudyard, LeekStaffordshireST13 8PF07734 022164www.rlsr.orgemail: driver@rlsr.org |

**DETAILS OF COURSE PARTICIPANT**

FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 POST CODE \_\_\_\_\_\_\_\_\_ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED COURSE DATE (IF KNOWN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant have any previous railway experience? If Yes, please specify

 .
What is the age of the participant? .

 Does the participant have any health issues (eg Angina, Diabetes)? Yes/No

If Yes, please specify

**DETAILS OF THE PERSON BOOKING THE COURSE**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 POST CODE \_\_\_\_\_\_\_\_\_ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT**

Payment can be made via Bank Transfer, details of which will be sent via email once the completed booking form has been received.
Email: driver@rlsr.org.

**PLEASE NOTE THAT PAYMENT IS NON-REFUNDABLE**