LEEK AND RUDYARD RAILWAY STEAM ENGINE DRIVER EXPERIENCE

COURSE BOOKING FORM



DETAILS OF COURSE PARTICIPANT

FULL NAME			
ADDRESS			
	POST CODE	TELEPHONE	
	EMAIL		_
PREFERRED COL	JRSE DATE (IF KNO	WN)	
Does the participal	nt have any previous i	railway experience? If Yes, plea	se specify
What is the age of	the participant?	<u>.</u>	
Does the participant have any health issues (eg Angina, Diabetes)? Yes/No			
If Yes, please spec	cify		
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