FAST TRACK BRIDGE - ENROLMENT

YOUR DETAILS

Name:	
Age:	Phone (s):
Address:	
Email:	
Do you consider yourself to be a disabled person? YES ◉ NO ◯ See note below: Please contact the course tutor to discuss your access needs	

HAVE YOU PLAYED BRIDGE BEFORE?

EMERGENCY CONTACT

To be completed at the start of the course (optional)

Name:	Phone:
Relationship:	

SIGNATURE

Signature : I agree to the terms and conditions ✔	Date: