

BALTINGLASS OETC TRAINING COURSE BOOKING FORM

Name: _____
Address: _____
Mobile: _____ E-mail: _____

Course Title: _____
Date of Course: _____
Course Venue: _____

Have you any of the following that may affect your participation or the safety of others on the training course?
SPECIAL NEED MEDICAL CONDITION ILLNESS INJURY BEHAVIOURAL ISSUE
DETAILS: _____
*You can discuss the above with us by phone or in person if you prefer.
If you are in any doubt about fitness to participate we recommend you consult with a medical practitioner.*

Have you previously attended a course at Baltinglass OETC? (please tick) Yes No
Where did you hear about Baltinglass OEC? (please tick)
Received brochure Website Social Media
Friend or associate Golden pages Received email
Other _____

PLEASE NOTE BOOKING CONDITIONS

1. Bookings can only be confirmed on receipt of the appropriate course fee and signed booking form.
2. Post appropriate course fee and signed booking form to Baltinglass OETC, please do not send cash in post.
3. Payment by cheque or postal order made payable to Kildare & Wicklow ETB.
4. BOETC reserve the right to change/cancel programmes where weather or other circumstances dictate.
5. All courses are subject to minimum group numbers.
6. Baltinglass OETC is not responsible for loss/damage of participant's personal belongings.

I agree to inform staff at Baltinglass OEC of any information that may be relevant to my participation or the safety of others on a course. Yes No

I agree that photos/video of activities that include me may be used on the BOETC's website, Facebook page, brochures or other social media. Yes No

I agree that my details may be shared with a third party for the purposes of certification. (i.e. Canoe Ireland, Mountaineering Ireland, Irish Orienteering Association, Irish Sailing) Yes No

I enclose course fees € _____

Signature: _____ Date : _____

BALTINGLASS OUTDOOR EDUCATION & TRAINING CENTRE
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