

Please cut along Dotted line

West Kilbride Community Association SCIO  
Adult Education Classes  
Registration Form and Receipt

Name: \_\_\_\_\_

Address & Post Code: \_\_\_\_\_  
\_\_\_\_\_

Tel.No. \_\_\_\_\_

E-Mail \_\_\_\_\_

| Start Date | Class | fee  |        |      | Class code | comp |
|------------|-------|------|--------|------|------------|------|
|            |       | cash | cheque | card |            |      |
|            |       |      |        |      |            |      |
|            |       |      |        |      |            |      |
|            |       |      |        |      |            |      |
|            |       |      |        |      |            |      |
|            |       |      |        |      |            |      |
| totals     |       |      |        |      |            |      |

I understand that:

1. WKCA holds and processes my information in compliance with General Data Protection Regulations (GDPR).
2. I take part in classes run by West Kilbride Community Association at my own risk.
3. Those attending fitness classes must inform their tutor of any relevant medical conditions.

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

Name \_\_\_\_\_

Classes \_\_\_\_\_ Starts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

£ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

Registered Charity No. SC 016519 - In Partnership with North Ayrshire Council.