

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	refund <i>card</i>
		cash	cheque			
	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 _____