

CLOUDS HILL WRITERS BOOKING FORM

Title	Name
Client 1	
Mr/Mrs/Miss/Dr	
Client 2	
Mr/Mrs/Miss/Dr	
** If two people are booking please state whether you require a double or a twin room	Double or Twin Room

Address	
Postcode	

Daytime Tel	
Mobile	
Email Address	
Age (for insurance purposes only)	

Course date and venue	
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Fees	Tick Box
£200 deposit enclosed *	
Balance of fees to be paid not less than 8 weeks prior to start of course	

* Please make all cheques payable to Clouds Hill Writers

Please tick here to confirm you have read and agree to our terms and conditions	
Signed	
Date	

Special dietary needs (please specify)	
Means of transport to the course (if known)	

How did you hear about us? _____

Please tick here if you do not wish to receive further information on Clouds Hill	
Please tick here if you do not wish us to share your information with relevant third parties for marketing purposes	