

# BOOKING FORM

- Please complete in BLOCK CAPITALS
- Return to the address found overleaf



## ABOUT YOU

NAME

---

---

ADDRESS

---

---

POST CODE

---

TEL

---

EMAIL

---

SPORT(s)

---

---

INVOLVEMENT

- Coach  Official  Participant  
 Teacher  Other

GENDER  Male  Female

On SASSOT Coach Database

- Yes  No

ETHNIC ORIGIN

- White  Mixed  Asian  
 Black  Chinese/Other  
 Do not wish to declare  
 Other *[please specify below]*

---

---

AGE

- 16 - 18  19 - 24  25 - 34  
 35 - 44  45 - 54  55 +

Do you consider yourself to have a disability?

- Yes *[please specify below]*  No

- Physical Impairment  
 Learning Difficulties  
 Hearing Impairment  
 Visual Impairment  
 Other (please give details)

---

---

---

---

You may be engaging in physical exercise. Do you have a medical condition that we need to know about?

- Yes *[please specify below]*  No

---

---

---

---

Please contact us about any arrangements that you would like us to make to cater for your disability or medical condition.

## WORKSHOP SELECTION

**Morning** Workshop: Tick code or state title of workshop (refer to brochure for codes)

	SP	CS	AYC	CSE	EA	SCA	MBA	NSP
1st Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title								
2nd Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title								
3rd Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title								

**Afternoon** Workshop: Tick code or state title of workshop (refer to brochure for codes)

1st Choice					2nd Choice					3rd Choice				
SN	DPS	FM	MB	CDP	SN	DPS	FM	MB	CDP	SN	DPS	FM	MB	CDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title					Title					Title				

I have the following dietary requirements eg vegetarian, allergies:

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return completed form and payment to:  
Kam Webster, Sport Across Staffordshire &  
Stoke-on-Trent, Stafford Borough Council,  
Civic Centre, Riverside, Stafford, ST16 3AQ  
by **12 October 2008**.

Please make all cheques [**£30 per delegate**]  
payable to: **Stafford Borough Council**. Places are  
limited on a first come, first served basis, per  
sport. You will receive a confirmation letter with  
further details and map to the venue.

- The information on this form will be stored electronically and as a hard copy. We aim to establish baseline data on those people accessing our services, which in turn may lead us to review the way we deliver our services eg marketing, access, awareness and training of staff.
- We would like to contact you about workshops, courses and conferences that the partnership is organising. Tick this box if you do not want to receive these mailings.
- We would like to use photographs and images from this event in future publicity. Tick this box if you do not want your photograph used in this way.

uk:athletics 

West Midland

Swimming 

SPORT ENGLAND

LOTTERY FUNDED

COUNTY SPORTS PARTNERSHIPS  
Working together for excellence

sports coach UK  
The National Coaching Foundation

ENGLAND BASKETBALL

SSS

STAFFORDSHIRE UNIVERSITY

**SPORT**  
Across Staffordshire  
and Stoke-on-Trent