

Booking Form

Personal Details

Name _____

Address _____

Tel (home) _____ Tel (mobile) _____

Email _____

INTRODUCTORY DAYS *Please tick preferred day*

Sat. 28th November 2015 Sat. 27th February 2016

I enclose € _____ Places cannot be reserved without receipt of full fee

Signature _____

Please note Terms of Enrolment

- **Places cannot be reserved on the course without receipt of full fee.**
- **The Crawford College of Art & Design reserves the right to retain the fee in full in the event of cancellations made within two weeks of the event.**
- **Cancellation prior to that date will incur a € 35 administrative handling charge.**

Please return this form [with appropriate fee] to:

Louise Foott

Department of Art Therapy
& Continuing Visual Education
Crawford College of Art & Design,
Sharman Crawford Street,
Cork, Ireland.

OFFICE USE ONLY

€	
Rec#.	
D/B	
Date	