



Powerboat Race Training Booking Form

Your Booking Confirmation :

| | | | |
|-------------------------------|--|-----------------|--|
| Date of Training Course : | | Time of course: | |
| Training Centre Name: | | | |
| Training Centre Contact Name: | | | |
| Training Location Address: | | | |
| | | | |
| | | | |
| Postcode: | | Email: | |
| Telephone: | | Mobile: | |

Your Details – Please inform the training centre if any information changes or is missing before your training date. If under 18yrs, these details also need to be checked by a parent or guardian.

| | | | | |
|---|--|---------|------|------|
| Name: | | D.O.B: | Age: | M/F: |
| Address: | | | | |
| | | | | |
| | | | | |
| Postcode: | | Email: | | |
| Telephone: | | Mobile: | | |
| Height: | | Weight: | | |
| Declared medical conditions & Allergies: | | | | |
| Declared Medication: | | | | |
| Declared Disabilities / Special Requirements: | | | | |

| | |
|---|---------------|
| Next of Kin or Parent / Guardian Contact Details: | |
| Name: | Relationship: |
| Address: | |
| | |
| | |
| Postcode: | Email: |
| Telephone: | Mobile: |

Please remember to complete your Pre-Assessment Theory Test and return it at least 7 days prior to your training date. Also remember to bring this form and any other documents with you. You must also bring any prescribed or required medication with you.