



Cycle Training Booking Form



Cycle Training booking form (PLEASE USE BLOCK CAPITALS)

Trainee's name:

School/organisation:

Date of birth if under 16 yrs:

Parent/carer's name where appropriate:.....

Address:

.....Post code.....

Email:

We will email you to confirm the booking.

Can we also email you about other cycle events and training: Yes No

(Your details will not be given to third parties)

During a training session next of kin may be contacted by telephoning:

Home: Mobile:

Work:

Are there any medical conditions you feel we need to know about?

.....

Course Description

Course Date: Course Time

Please note: CYCLE HELMETS MUST BE WORN ON MOUNTAIN BIKING COURSES

Please return the completed Cycle training form with the relevant fee, cheques made payable to 'Central Bedfordshire Council' to **GoCycle, Leighton-Linslade Town Council, The White House, Hockliffe Street, Leighton Buzzard, Bedfordshire LU7 1HD**