|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **Email address:** |  |
| **Work Phone:** |  |
| **Mobile Phone:** |  |
| **Role in Sports and Physical Activity:** |  |
| **Do you have a disability or any special requirements you would like to make us aware of?**  |  |
| **Reason for attending the workshop?** |  |
| **Are there any specific questions you would like answered on the training day?** |  |
| **Fee Enclosed €35** | **Cash Cheque** |



**DISABILIY INCLUSION TRAING WORKSHOP – SLIGO 23rd NOVEMBER 2019**

**BOOKING FORM**