The Kent County Association of Change Ringers

**name of District**

***Venue***

***DATE***

**“*TITLE OF EVENT*”**

The course is intended for those who.................

To benefit fully from this course participants will need to be proficient at..................

# REGISTRATION FORM

(Please print clearly)

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Home tower: |  |
| Email address: |  |
| Postal address: | Postcode: |
| Phone:  |  |

Can you ring xxxxxxxxxx on the treble? Plain Course 🞏 Touch 🞏 No 🞏

Can you ring xxxxxxxxxx “inside”? Plain Course 🞏 Touch 🞏 No 🞏

 etc. 🞏 Touch 🞏 No 🞏

Have you ever attempted xxxxxxx before? Doubles 🞏 Triples 🞏 Never 🞏

**Fee payable on application: £x KCACR members, £x non-members.**

Please complete this form and send it with your cheque, payable to “KCACR Training”, to .............

N.B. Non-members of the KCACR may be required to confirm that they have appropriate third party liability insurance cover for taking part in the event.