

S.S.A.C.COURSE BOOKING FORM

Please complete and send to:
THE SCOTTISH SUB AQUA CLUB, THE COCKBURN CENTRE,
40 BOGMOOR ROAD, GLASGOW G51 4TQ

Name

Address

.....

Post code Telephone day Home

Branch Membership no

Membership expiry date Medical expiry date

Course name Course date

Course location Course duration

Course cost £..... Course deposit £.....

Course organiser Contact number

Minimum qualification required for course

Date qualification acquired

Office use only:

Deposit received Course fee received Certificate issued

Instructor use only:

Name Number

Medical checked Membership checked Qualifications checked

Course completed satisfactorily Yes / No

Instructors course comments and recommendations:

Signed