

BEEKEEPING COURSES 2009 - 2010

APPLICATION FORM

Please complete using BLOCK CAPITALS and send, together with a cheque made payable to: **JOHN HAMER, 28 Limewood Close, St Johns, Woking, GU21 8XA**

A receipt, together with a map, will be sent on receipt of your form.

Name: _____ **Tel: (day)** _____

Address: _____ **Tel: (eve)** _____

Tel: (mbl) _____

Email: _____

COURSES:

| | | | Please Tick |
|-----------------|------------------------------|-----------------------|--------------------------|
| COURSE A | BEEKEEPING FOR BEGINNERS | Wed 23 Sep 2009 | <input type="checkbox"/> |
| | | or Thur 24 Sep 2009 | <input type="checkbox"/> |
| | | or Wed 20 Jan 2010 | <input type="checkbox"/> |
| | | or Thur 21 Jan 2010 | <input type="checkbox"/> |
| COURSE B | PRACTICAL | Wed 21 April 2010 | <input type="checkbox"/> |
| | BEEKEEPING FOR BEGINNERS | or Thur 22 April 2010 | <input type="checkbox"/> |
| COURSE C | FURTHER PRACTICAL BEEKEEPING | Tue 20 April 2010 | <input type="checkbox"/> |
| COURSE D | SPECIALISED DAY COURSES | | |
| | SKEP MAKING | Sat 12 Jun 2010 | <input type="checkbox"/> |
| | CANDLE MAKING | Sat 9 Oct 2010 | <input type="checkbox"/> |
| | MEET THE BEES DAY | Sat 24 April 2010 | <input type="checkbox"/> |

All courses will be run subject to a minimum number of students attending

I enclose a cheque for the sum of _____ to cover course(s): _____

SIGNED

DATE