

BEEKEEPING COURSES 2011 - 2012

APPLICATION FORM

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

You will be contacted before the course starts to confirm your place and to provide you with directions.

Name: **Tel: (day)**

Address: **Tel: (eve)**

Tel: (mbl)

Email:

COURSES:

		Please Tick	
COURSE A	BEEKEEPING FOR BEGINNERS	Wed 21 Sep 2011	<input type="checkbox"/>
		or Thur 22 Sep 2011	<input type="checkbox"/>
		or Wed 18 Jan 2012	<input type="checkbox"/>
		or Thur 19 Jan 2012	<input type="checkbox"/>
COURSE B	PRACTICAL	Wed 18 April 2012	<input type="checkbox"/>
	BEEKEEPING FOR BEGINNERS	or Thur 19 April 2012	<input type="checkbox"/>
COURSE C	FURTHER PRACTICAL BEEKEEPING	Tue 17 April 2012	<input type="checkbox"/>
COURSE D	SPECIALISED DAY COURSES		
	SKEP MAKING	Sat 10 Jun 2012	<input type="checkbox"/>
	CANDLE MAKING	Sat 8 Oct 2011	<input type="checkbox"/>
	CANDLE MAKING	Sat 7 Oct 2012	<input type="checkbox"/>
	MEET THE BEE DAY	Sat 8 April 2012	<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