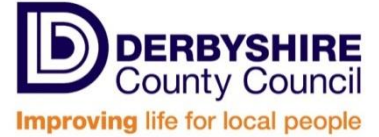




# White Hall

Outdoor Education centre



## **SINGLE PITCH AWARD**

## **APPLICATION FORM**

Course No: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Sex: M/F

D.O.B. \_\_\_\_\_ Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

email address: \_\_\_\_\_

MTE Registration Number: \_\_\_\_\_

Details of any medical condition, illness/ medication we should be aware of:

Name and address of family doctor: \_\_\_\_\_

### **To be signed by all applicants:**

I have read and agree to abide to the Conditions of Booking as detailed overleaf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please return this form together with your fee to:**

White Hall Centre  
Long Hill  
BUXTON  
Derbyshire  
SK17 6SX

Telephone: 01298 23260  
Fax: 01298 25945  
email: white.hall@derbyshire.gov.uk



[www.mountain-training.org](http://www.mountain-training.org)

## **Conditions of Booking**

1. I understand the nature of the course and agree to abide by all safety regulations.
2. I understand that in the event of accident, loss or damage, the County Council will be responsible for its own liability including neglect attributable to its employees in the course of their duty.
3. I understand that the course fee **does not** include insurance against cancellation, personal injury, loss or damage to equipment whilst on the course.
4. I understand that in the event of having to cancel my place on this course the following criteria will apply:
  - Within 1 month of the course date - full payment will still be payable
  - Over 1 month of the course date - 25% will be payable.