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| **DRIVER EXPERIENCE COURSE BOOKING FORM** | **Leek and Rudyard Railway Ltd**Rudyard StationRudyard, LeekStaffordshireST13 8PF07734 022164www.rlsr.orgemail driver@rlsr.org |

**DETAILS OF COURSE PARTICIPANT**

FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 POST CODE \_\_\_\_\_\_\_\_\_ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED COURSE DATE (IF KNOWN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant have any previous railway experience? If Yes, please specify

What is the age of the participant? .

Does the participant have any health issues (eg Angina, Diabetes)? Yes/No

If Yes, please specify

**DETAILS OF THE PERSON BOOKING THE COURSE**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 POST CODE \_\_\_\_\_\_\_\_\_ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT**

Cheques should be made payable to Leek & Rudyard Railway Limited and sent with this completed form to:

General Manager, Rudyard Station, Rudyard, Leek, Staffordshire, ST13 8PF

**PLEASE NOTE THAT PAYMENT IS NON-REFUNDABLE**