**Active Kids For All: Inclusive Community Training Programme   
Workshop Request Form**

**(One form to be completed per workshop)**

|  |  |
| --- | --- |
| **Organisation name** |  |
| **Correspondence address** |  |
| **Contact name** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Contact name of workshop representative (at the event)** |  |
| **Telephone number of workshop representative (at the event)** |  |
| **Contact name responsible for  taking bookings** |  |
| **Telephone number of contact responsible for taking bookings** |  |
| **Your website address for bookings** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please provide details of your workshop by ticking the appropriate box. | | | | | |
| **Open:** Accept bookings from the general public and advertised on sports coach UK website | | | **Closed:** For your own targeted group and not advertised by sports coach UK | | |
| We will always endeavour to find a tutor for your first choice date. However, this is not always possible so please provide alternative dates below: | | | | | |
| **1st choice date** |  | **2nd choice date** |  | **3rd choice date** |  |
| **Start time** | | |  | | |
| **End time** | | |  | | |
| **Venue name** | | |  | | |
| **Venue address  (including postcode)** | | |  | | |
| **Venue contact name** | | |  | | |
| **Venue contact telephone number** | | |  | | |
| **Venue contact email address** | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Partner): |  | Date: |  |

**Post forms to: sports coach UK Workshop Booking Centre**

**c/o Coachwise Limited**

**Chelsea Close**

**Off Amberley Road**

**Leeds LS12 4HP**

**Email:** ak4a@sportscoachuk.org

**Fax: 0113-231 9606**

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