

PERSONAL DETAILS		
Name:		
Address:		
Phone:	Email:	
Workshop Date: (Please specify)	Saturday, 4th March 2017 <input type="checkbox"/>	Sunday, 5th March 2017 <input type="checkbox"/>
On Facebook:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Facebook Name: (As above or other)		
Allergies:		
Medical Conditions:*		
Medication:*		
(*Please note that medical information will be treated in the strictest of confidence and is required only in the event of an emergency)		
Special Dietary Requirements:		
NEXT OF KIN		
Name:		
Address:		
PAYMENT DETAILS		
Payment Option:	1 <input type="checkbox"/>	2 <input type="checkbox"/> (please indicate preferred payment option)
Payment Method:	bank transfer only	
I will be attending with: (table allocation purpose only)*		
1.		
2.		
3.		
*By adding these names it does not guarantee all named persons will be booked on the event - bookings are taken on a first come, first served basis.		
I have read and understood the terms and conditions as found on the attached document, and fully understand that my booking is not final until full payment for the event is received, along with a completed and signed booking form by Birds of a Feather.		
SIGNED:		DATE:
Electronic return by email of this form is deemed to be the same as a physical signature.		
Return the booking forms to: bookings@birdsof Feather.uk.com and state in the subject line of your email 'Saturday Booking' or 'Sunday Booking'		