A picture containing clipart

Description generated with high confidence

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Survival Guide for Parents Sessional Booking Form** | | | | | | | | | | | | | | | | | |
| session title/s |  | | | | | | | | | | | | | | | | |
| session date/s |  | | | | | | | | | | | | | | | | |
| name of attendee/s |  | | | | | | | | | | | | | | | | |
| contact number for attendee/s |  | | | | | | | | | | | | | | | | |
| email address |  | | | | | | | | | | | | | | | | |
| Amount to be paid | £10 per head per date  Total = | | | | | | | | | | | | | | | | |
| Please make payment by one of the following methods: | | | | | | | | | | | | | | | | | |
| 1. By bank transfer to EDAS sort code 40-52-40 Account No. 00089775   Please reference with your name/SG | | | | | | | | | | | | | | | | | |
| 1. By card please provide the following details: | | | | | | | | | | | | | | | | | |
| Long card number | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry date | |  |  | / |  |  |  | | | | | | | | | | |
| CSV | |  |  |  |  | | | | | | | | | | | | |
| Post code that card is registered to: | | | | | | | | | | | | | | | | | |
| 1. By cash at EDAS Serenitea Café please provide a copy of the booking form with the payment. | | | | | | | | | | | | | | | | | |
| Have you received course and centre information email? | YES NO | | | | | | | | | | | | | | | | |

Please complete this form and return it by email to [rachel.murphy@edasuk.org](mailto:rachel.murphy@edasuk.org)