

UK Wing Chun Assoc HQ 4 The Planks, Lubards Lodge, Hullbridge Road Rayleigh. Essex. SS6 9QW

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Email: info@ukwingchun.com Internet Site: http://ukwingchun.com Twitter: twitter.com/#!/UKWCKFA YouTube: youtube.com/user/ukwckfa

If applicant is under 16yrs of age

Thank you for your enquiry regarding Wing Chun Kung Fu. If you wish to enrol on one of our beginners courses please complete this application form.

COURSE APPLICATION FORM (please use block capitals)

Please enrol me on the beginners course at the: UKWCKFA HQ on Lubards Farm, Hullbridge Road (Adj Rawreth Lane), RAYLEIGH on Thursdays @ 8pm. (Price includes any other training available at your level.)

If you wish to enrol on this course the fee will be £50 for all training in a month. You may attend as many of our beginer level classes a week as you wish at no extra charge.(Mon, Wed & Thur). This course allows a potential member to evaluate the style, teaching quality etc. to see if it matches their requirements. A student will be asked to leave if they show bad conduct.

HQ Thursdays 8pm Date Of Birth:.... Name..... Address:.... Condition of Health: Emergency:..... Telephone:.... Post Code: Email..... Criminal Offences: I certify that to the best of my knowledge and belief the foregoing details are correct, and in the event of my being accepted as a student on this course I undertake to abide by the rules, together with any amendments that may be made during my period of membership. I accept that as a part of my training within the UKCWCKFA I will be struck, choked, strangled, thrown, joint locked, swept or otherwise physically assaulted or injured, to any part of my body including but not restricted to my neck, throat, groin, eyes, nose, face, ears, limbs, joints and extremities. To secure a place on this course please forward a £20 deposit and pay the balance on first lesson, alternatively you may prefer to bring this application form and pay whole fee on the first lesson. Amount Of Deposit Paid: Balance Due: £..... £..... (deposits and fees NOT refundable) Signed:.... Date:..... Witness.....