



THE CANOE ASSOCIATION of NORTHERN IRELAND

POOL COURSE

**Return to: C.A.N.I.
Unit 2 River's Edge
13 – 15 Ravenhill Road
Belfast
BT6 8DN**

Surname Mr/Mrs/Miss

Address Forenames

..... Tel. No: Home

..... Work

Postcode E mail

Date of Birth(if under 18)

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN IF YOU ARE UNDER 18.

I give consent for my son/daughter to attend the pool sessions organised and run by fully qualified C.A.N.I. Coaches.

Signed parent/guardian

Date

PLEASE GIVE ANY INFORMATION YOU MAY FEEL NESSESARY i.e. ANY MEDICAL CONDITION OR DISABILITY.

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.....

I enclose my cheque for £48.00 Adult

..... £38.00 U/18

Please make cheques payable to C.A.N.I.

Payment **MUST** be received before course commencement date.

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FOR OFFICE USE ONLY

BCU/NI _____ PC/01/07