



**Boscawen Lifesaving & Rescue Club**

**RLSS Bronze Medallion**

Please reserve me a place on the course shown above.

Name: .....

Address: .....

.....

.....

..... Post Code: .....

Tel. No: .....

Date of Birth: .....

(Min age 13 years at start of course unless Lifesaving 3  
or Rookie Star 4 is held, in which case min. age is 12)

I enclose the full cost of the course (£30.00)                      £ \_\_\_\_ . \_\_\_\_

Please make cheques payable to '**Boscawen Lifesaving Club**'

Upon securing a place, further course instructions will be forwarded nearer the date.

Completed forms to be returned to:

Mr J. Irvine  
6 Glen Avenue  
Weymouth  
Dorset  
DT4 0DA