



Boscawen Lifesaving & Rescue Club

## RLSS Extended Life Support

Please reserve me a place on the course shown above.

Name: .....

Address: .....

.....

.....

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

Tel. No: .....

Date of Birth: .....

(Min age 16 years at start of course)

I enclose the full cost of the course (£40.00)      £ \_\_\_\_ . \_\_\_\_

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 P. Barker  
46 Grove Road  
Portland  
Dorset  
DT5 1DA