**Catalyst**

**Luton Summer 2016**

**Registration Form**

**Course dates: Tues 12th, Weds 13th, Thurs 14th, Tues 19th & Weds 20th July 2016**

**Estimated times: 9.30am-5pm**

**You must attend every day of the programme**

Name:............................................................................................................................

Address:.........................................................................................................................

Address:.........................................................................................................................

D.O.B:............................................................................................................................

Email address:...............................................................................................................

Phone number:..............................................................................................................

Access / Dietary requirements:......................................................................................

Is there anything else the course organisers need to be aware of? .............................

.......................................................................................................................................

**Emergency Contact details:**

Emergency Contact 1

Name:............................................................................................................................

Contact number:............................................................................................................

Relationship to you:.......................................................................................................

Emergency Contact 2

Name:............................................................................................................................

Contact number:............................................................................................................

Relationship to you:.......................................................................................................

**Any questions?**

Please contact Kim Greig on 01582 416946 / 07930601640 or email: near.neighbours\_luton@btconnect.com

Course details and other information will be emailed and posted to you. Lunch and refreshments are provided.