



Get -**Together** Training Day Registration Form

Training day reference:.....Date:.....

Training venue:.....

Please check that the details on the form are correct or make any changes. This will help us to contact you in the future. Please also complete the questions on the back of the form so that we send certificates and plaques to the right address.

What you tell us is for the use of Mencap - Get **Together** only and will not be given to other agencies.

Name							
Address for mail							
							Post code:
	e.mail						
Available on (tick)	Mon	Tues	Wed	Thur	Fri	Sat	Sun
a.m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.m	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best contact by (tick)	Phone	a.m	p.m(a)	p.m(eve)	Mail	e-mail	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Club/group details							
Name of club/group							
Type of organisation							
Address							
						Post Code	
Tel No	1			2			
E-mail:							
Meets on (tick)	Mon	Tues	Wed	Thur	Fri	Sat	Sun
A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.M.	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> e <input type="checkbox"/>