Training Application Form

PLEASE COMPLETE CLEARLY

National Solo Class Association

Title……..…..

Name……

Address……..……

……

……Postcode……

Home Phone……..……..……

Mobile……..……

Email……

Club……...

Does your club have insurance to cover training…….Yes ☐ No ☐

Date Required Training 1st Choice……..

2nd Choice……..

3rd Choice……..

Please Email Coaching@solosailing.org.uk
Or Send Form To:
Simon Jones
Coaching Co-ordinator
18, Cornfield Gardens
Plymouth
Devon
PL7 5LB