Please send the completed form to:

School • of • Sewing

ALISON • SMITH

Ashby-de-la-Zouch,
Leicestershire, LE65 1AH

Miss / Mrs / Ms: .....

First Name: .....

Last Name: .....

Address: .....

.....

..... Postcode: .....

Telephone: .....

Email: .....

Course: .....

Date: ..... Fee: .....

Course: .....

Date: ..... Fee: .....

Charge to your Mastercard / Visa Card.

Card No: | | | | | | | | | | | | | | | | |

Card Start Date: .....

Card Expiry Date: .....

Card Security No: | | |

Card Issue No: (if applicable) .....

Card Holder's Name: .....

Card Holder's Signature: .....

The School of Sewing reserves the right to alter courses if necessary.

On receipt, further course details will be sent to you.

☐ *I have read the terms and conditions*