

West Lothian Leisure are the booking partner and will act on behalf of Linlithgow Community Development Trust

BLOCK BOOKING		
START DATE	END DATE	
START TIME	DURATION (MINS)	
	-	
PERSONAL DETAILS	1	
SURNAME		FIRST NAME
D.O.B.		TITLE
POSTCODE	NO.	STREET
TOWN		COUNTY
MOBILE		
CLUB DETAILS		
CLUB NAME	•	SPORT
AGE GROUP WILL CHILDREN UNDER 16 YEARS OF AGE BE SUPERVISED? Y/N		
GOVERNING BODY		DOES YOUR CLUB HAVE A CONSTITUTION? Y/N
HOLIDAY DATES		
PAYMENT METHOD		
MONTHLY DIRECT DEBIT Y/N		TREASURER'S NAME
		SIGNATURE
BRANCH SORT CODE		ACCOUNT NUMBER
DECLARATION		
I have read and understood the terms and conditions overleaf and agree to abide by these as a registered user of West Lothian Cycle Circuit		
SIGNATURE		DATE
WEST LOTHIAN LEISURE STAFF USE ONLY		
1ST MONTH BOOKING		DD OIN
NO.WEEKS / NO. SESSIONS		DD REF WLL
WEEKLY BOOKING FEE		BOOKING CREATED BY
PAID ON REC		СНЕСК ВУ

Linlithgow community Development Trust SCIO (SC045971)