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**Fundamental Movement Skills Workshop**

 **Booking Form 2018**

This form must be completed and sent to sarah@gymnasticsireland.com to ensure the workshop can be approved.

**Note:** Please read through the Terms and Conditions for all additional information regarding this workshop. Click here to view.

By signing this form below, you are confirming that you have read, and agree with, the Terms & Conditions.

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| **GymEDGE FMS Workshop** |
| **Date:**Please indicate preferred date and two alternates dates |  |
| **Time:**Please indicate preferred start time*\*Workshop is 6 hours in duration.*  |  |
| **Venue:**Please provide details of the venue address |  |
| **Facilities/ Equipment:**Please provide details of1. Size of venue
2. how many gymnastic mats and benches are available
 |  |
| **Numbers:**Please indicate the number of candidates attending **\*Max. 20pax***If there is a larger group, a second tutor can be organised at an additional cost.* |  |
|  |  |
| **Details:**Lead contact Person/ Facilitator |  |
| Phone |  |
| Email |  |
|  |  |
|  |  |

 **Signed: Date:**