CYCLE RIGHT

BOOKING FORM

INFO@RAYCSPORTS.COM
0830967862

School Reference

School Name: _____

Roll Number : _____ **Phone:** _____

Address: _____

_____

Email Address: _____

Organiser Name: _____

Class/Group Details: ☐ 3rd class ☐ 4th class ☐ 5th class ☐ 6th class

Local Authority/Sports Partnership: _____

Booking Details

Date/Day/Time Requested: _____

Preferred Format: ☐ 4 x 2hr ☐ 6 x 80mins

Terms & Acknowledgment

- By submitting this form, you confirm you have consent to share this contact information.
- Courses will be approved primarily on the basis of one class level per school to ensure equity of access to funding. The exception to this is where schools have mixed class groups (e.g. combined 5th/6th).
- All courses are subject to pre approval. This will be confirmed by email to the provided email address.
- Cycle Right support funding is intended to be awarded to participants once only at a given stage level.

☐ I Agree

- Signature: _____
- Date: ____ / ____ / ____