



HELFDORD RIVER
CHILDREN'S
SAILING TRUST
www.hrcst.org.uk

VOLUNTEER COURSE BOOKING FORM

FORENAME
SURNAME
DATE OF BIRTH
COURSE NAME
PREFERRED DATE

PREVIOUS QUALIFICATIONS
DATE ISSUED

HOME ADDRESS	
DAY PHONE	EVENING PHONE
MOBILE	EMAIL

I declare that to the best of my knowledge the information contained in this form is correct and complete, and I consent to HRCST holding it on their database for the purpose of administration.

SIGNATURE	DATE
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DONATION	
LOG BOOK	
CERT	
From the date of this declaration until further notice I request that HRCST (Registered Charity 106449) treat any donations I may make as Gift Aid Donations. I understand that I must pay an amount of income / capital gains tax at least equal to the tax the charity reclaims on my donations in the tax year.	
SIGNATURE	DATE