**Preston & District Beekeepers Association**

**MEET THE BEES BOOKING FORM**

I/We are attending a Meet the Bees Taster Day

Saturday 13th July/ Saturday 17th August (delete as appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | EMAIL ADDRESS | AGE IF UNDER 18 | ALLERGIES (please specify)  | CHEST SIZE AND HEIGHT (for bee suit) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Contact number 1(adults only)………………………………………………………………

Contact number 2(adults only)………………………………………………………………

**Terms and conditions**

* I understand that I am attending at my own risk, and I will follow any instructions given by the beekeeper.
* I will be wholly responsible for any children attending with me.
* I have declared any allergies on the form above.
* Taster day to be paid for prior to attending.

 **I have read and agree to the terms and conditions specified above.**

(please tick)

Attendees will receive joining instructions by email prior to attending the day.

**How to pay**

Payment by BACS please.

Adults £20 Children £10 each

**LNWBKA Preston Branch. Account number 30429783 Sort code 206985**

**We look forward to meeting you on the day!**