



## Beginners Course in Dry Stone Walling Application Form (2018)

| I wish to take part in the Dry Stone Walling Beginners Course<br>( please indicate your preferred course below ) |                 |                             |
|--|-----------------|-----------------------------|
| Course   | Dates           | Please Tick Selected Course |
| Course 1 (Kilbarchan)  | April 7 / 8     |                             |
| Course 2 (Cardross)  | July 7 / 8      |                             |
| Course 3 (Kilsyth)   | September 8 / 9 |                             |

|   |  |              |  |
|---|--|--------------|--|
| Surname   |  |              |  |
| First Name  |  |              |  |
| Address   |  |              |  |
| Post Code   |  | Phone Number |  |
| Email Address   |  |              |  |
| <p>I enclose a cheque for £60 made out to:-<br/> <b>West of Scotland Dry Stone Walling Association</b><br/>           Please send to Paul Webb (WSDSWA), 4 Hawthorn Way Milton of Campsie G66 8DX.</p>  |  |              |  |
| <p>I confirm that I have read, understood and will comply with the <b>Walling Ways of Working Instructions</b> during the course. These Instructions are published on the Training Page of the West of Scotland Dry Stone Walling Association Website</p> |  |              |  |
| Signed  |  | Date         |  |
| <p>Course details can be found on our website<br/> <a href="http://www.wsdswa.org.uk">www.wsdswa.org.uk</a></p>   |  |              |  |
| <p>Places on the courses are limited to a maximum of 20. Places can only be guaranteed on receipt of the full fee of £60 paid in advance of the course.</p>   |  |              |  |