



SURFBOARD SHAPERS WORKSHOP APPLICATION FORM - Please print

Title _____ First name _____ Surname _____

Date of birth day month year ____/____/____

Address _____ Post code _____

Daytime phone _____ Evening phone _____ Email _____

Gender Male _____ Female _____

Nationality _____ Is English your first language? _____ If not please specify _____

5 Module workshop Alaia Shapers Workshop

Do you have any health problems that could hinder you in these modules no yes (if yes please specify)

Please read the terms and conditions and sign. If under 18 a parent or guardian must sign.

TERMS AND CONDITIONS.

I understand that surfboard shaping is done in a dusty environment and therefore may adversely affect anyone with breathing difficulties. Suitable protective gear will be provided for every student.

These Shaper Workshop Modules and any information contained within the modules contains privlidged information and are intended for use by the Shapers Module participant only and who may not disseminate, modify, copy/plagiarize unless with the written permission of Surfboard Shapers Workshop. None of the material may be used, reproduced or transmitted, in any form or by any other means without the written permission of the author.

Surfboard Shapers Workshop assumes that all participants understand the risks involved with this occupation and accepts no liability whatsoever.

Signed _____ Parent or Guardian _____ date ____/____/____