Futureworks
Riverside, New Bailey Street
Manchester M3 5FS
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Email: info@futureworks.co.uk Web: www.futureworks.co.uk
Company No: 6032686

education in sound, film & tv, games, and cgi

Course : Digital Film Making With Final Cut Pro

Section A: Contact information

A1 Name: Title: First name:

Middle name(s): Family/last name:

Gender: Male ☐ Female ☐ Date of Birth: | D | D | M | M | Y | Y | Y | Y |

A2 Mailing Address:

Number/street: Town or city:

Postcode: County/province/state: Country:

Telephone number: Home: ☐ Work: ☐ Mobile: ☐

Please indicate your preferred telephone contact number using the tick boxes above .

Preferred email address:

We will email booking/payment confirmations and course materials to this address.

Section B Course details

I wish to apply for the following course

Course Title:	Course Code:	Start Date:	End Date:	Fee:
Digital Film Making With Final Cut Pro	DFM082016	29/08/16	02/09/16	£399

The course will run from 10am - 6pm each day at our Riverside Campus

Signature : **Date:**

Please return this form with the required fee to: The Admissions Team, *Futureworks, Riverside, New Bailey Street, Manchester, UK, M3 5FS*
Alternatively please email - paul.white@futureworks.ac.uk

Payment details:

Payment by cheque – *Please provide a deposit of £100 or the full course fees. If paying a deposit at this time the balance will be due before the start of the course.*
I enclose a cheque payable to **Futureworks** for £ _____.

Payment by credit/debit card

I authorise **Futureworks** to debit my * Visa / Mastercard / Switch / Delta / Connect **delete as appropriate*

Card No: | | | | | | | | | | | | | | | | | | 3 digit security code: | | | |

With the sum of £ Valid from | Expiry date | | | | Issue no. *If given on card*

Name and address of cardholder *if different from applicant:*

Signature of cardholder: **Date:**