



Hip & Knee Exercise Class

Wednesdays 12.30 - 13.30

Name _____

Address _____

Postcode _____ Telephone No. _____

Any information that you think we should know:

Please return this completed application form together with your cheque for **£65** made payable to:
The New Victoria Hospital

Addressed to:

Physiotherapy Dept., The New Victoria Hospital, 184 Coombe Lane West, Kingston upon Thames,
Surrey KT2 7EG. Tel: **020 8949 9040**