
REGISTRATION FORM Please return, signed and with payment.

Personal details (in BLOCK CAPITALS)

Full Name: _____

Address: _____

Post code: _____

home phone number: _____

e-mail: _____

age: _____

date of birth: ____ / ____ / ____

school: _____ school year: _____

contact name: _____

contact number: _____

any medical conditions: _____

SIGNED by parent / guardian / carer: _____

RETURN TO: ROGER MAYS, 5, HAWTHORN GROVE, HOLLINGWORTH, HYDE, SK14 8JP

OR AT THE CLUB ON A FRIDAY NIGHT / VISIT THE WEB-SITE: www.glossopcbc.co.uk

CASH / CHEQUE (payable to Glossop C.C.)