	Player Information	Parent/Guardian/Carer Information
Forename		
Surname		
Gender		
Date of Birth		
Address		
City		
County		
Post Code		
Email Address		
Home Phone		
Mobile Phone		
Age Group - please		
complete (eg U7s, U8s etc)		
School	N1/A	
Occupation Control Name	N/A	21/2
Emergency Contact Name		N/A
Emergency Contact Number		N/A
Consent to Photography of	N/A	Yes/No
Member	20 1 1: -	
NEWARA NOIND POSING	Membership Type	6440.00
	Adult + 1 child	£110.00
	Adult, 2 + children	£170.00
	Parent Player & 1 child	£160.00
Tootball Chip	Parent Player, 2 + children	£170.00
vall		
	Donation to Building Our Future Fund	£
	Gift Aid for donation	Yes/No
	Payment Type	
Cash		£
Cheque		£
Credit/Debit Card		£
Received By : (Signature &	Name)	
necessed by 1 (bigilature &)	_	
Would you be ir	nterested in Corporate Sponsorship Packages	Yes/No
	_	
Would you be interested in a pitch side advertising board (£250)		Yes/No
Would you be in	terested in sponsored luncheon (from £200)	Yes/No
	Polovant Madical History/ Proscribed M	Indication
	Relevant Medical History/ Prescribed M	icuication
Office Use Databa	ase Y/N Membership No	
Daldbe	incilingizinh inc	

Card Payment Form

Name:	
Address:(Must increcorded with Ba	clude Post Code and House number as nk)
Name of Child Age Group	
Main Card No: (across centre of card)	
Start Date Expiry Date	
Amount to Pay	£110 (Parent &1 Child) £170 (Parent 2+ Children) £160 (Parent Player & 1 Child) £170 (Parent Plater 2+ Children)
Reason for Payment	Club Registration
Date completed (Office Use)	