

APPLICATION FOR JUNIOR MEMBERSHIP

Full Name of	f Junior:	-	· · · · · · · · · · · · · · · · · · ·
Address:			
		Postc	ode:
Email:			
Telephone:		Occupation:	
Date of Birth	:	Age at joining:	· · · · · · · · · · · · · · · · · · ·
Full Name of	f Parent / Guardia	an:	
Address:			
		Postc	ode:
Email:			
Telephone:		Occupation:	
We both agr	ee to read and to	abide by all of the Club Rules.	
	and an additiona	a returnable deposit of £20:00 is pay Il returnable deposit of £10:00 is paya	
The gate and terminated.	d security post ke	ey(s) MUST be returned to the Club S	Secretary, if Club membership is
Signatures:	Junior	Parent/Guardian	Date:
*Sponsors F	ull Name and Sig	gnature:	

Completed application form is to be returned to the Club Secretary, either at a Club meeting or by

post to The Secretary, Mr Gary Peers, 30B Oak Road, Cheadle, Stockport. SK8 1ED.

* Sponsor must be a current member of at least 12 months standing.