

ELSWICK PARISH COUNCIL

Multi-Sports Area 2007/8 Membership Application

Membership Number:

Name:

Address:
.....

Postcode:

Telephone:

If under 18 years of age, Date of Birth:

I hereby apply for membership of Elswick Multi-Sports Area. I have read the rules and conditions of hire and agree to abide by them. *(If under 18 years of age this application must be signed by a parent or guardian)*

Signed:

Date:

Parent /Guardian's Name (where applicable).....

Parent /Guardian's Signature (where applicable).....

On completion this form should be returned to the Clerk of the Council or Bonds Kiosk