

Wellingborough Rugby Football Club Ltd

Registration Form 2009/10

Name:

Surname:

Date of Birth:

Address:

Post Code:

Home Phone Number:

Emergency Contact Name/s:

Emergency Contact Number/s:

Occupation/ University/ School:

Health Condition:

Mini/Junior Additional Information

Parent/guardian Names:

Phone number: (If different)

Address: (If different)

Parent/ Guardian:

Having registered your Child as Playing Member of WRFC Ltd, this entitles One Named Parent to be a Voting Member. Please supply two passport photographs of Player on registration.

Parent Occupation:

Male	Female
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Cheques payable to **Wellingborough RFC Ltd.**

Early payment Discount £10	Late Payment after 1st October	
£45	£55	
£50	£60	
£40	£50	
£40	£50	
£40	£50	
£30	£40	
£20	£30	

Payment Method	Tick Box
Cash	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
Debit Card	<input type="checkbox"/>

Please Indicate Appropriate Membership:

<input type="checkbox"/>	Life Member:
<input type="checkbox"/>	Vice President:
<input type="checkbox"/>	Full Playing Member Adult:
<input type="checkbox"/>	Full Member Adult:
<input type="checkbox"/>	Under 19 Playing Member:
<input type="checkbox"/>	Junior member + 1 Voting Parent
<input type="checkbox"/>	Second Child
<input type="checkbox"/>	Third Child

RFU P.I.D. Number:

Squad:

Email Address:

I/We agree to abide by the constitution of the club and the club house rules. (Copies of which are available from the Registration Secretary and posted on the website.)

All applications for Membership are subject to approval by the Committee.

Signed:

Date:

Please note that any information will only be used by WRFC Ltd and not passed onto any 3rd party.

Tick Box for Receipt: