

DUFFIELD SQUASH, RACKETBALL and GYM APPLICATION



Please complete and return with your remittance to:
The Treasurer - Mr. Robert Allen. [Cheques should be made payable to 'DUFFIELD SQUASH & RACKETBALL CLUB']

I wish to join as a: (Please circle Membership Category required)	FULL SQUASH GYM ONLY JUNIOR SOCIAL	RESTRICTED SQUASH GYM ALL INCLUSIVE STUDENT – Full Time
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Please write clearly in block capitals

SURNAME - Mr/Mrs/Miss

FORENAME [S]

ADDRESS

POST CODE

TELEPHONE No. Home

Mobile or other contact number

E-MAIL ADDRESS:

Please write email address as clearly as possible

OCCUPATION

SCHOOL [if applicable]

DATE OF BIRTH

I agree to abide by the Rules and Byelaws of the Club and accept that my name will be shown on the Booking Sheets when I book courts and when others select me as a "playing partner/opponent.
I also consent to receive Club Email Newsletters

SIGNATURE

DATE

The following information would be appreciated:

Number of years playing

Other / Previous Clubs

Squash Standard [please indicate as you consider appropriate]

Beginner -- Improver -- Average -- Good Club -- Team – County

Where did you hear about the Club?

Payment enclosed: - Joining fee £..... Subscription £..... Total £.....

Recommended by