

**ADULT REGISTRATION FORM (PLEASE PRINT)**  
**JANUARY - MARCH TERM 2016**

**YOUR FIRST NAME:** .....

**YOUR LAST NAME / SURNAME:** .....

**YOUR DATE OF BIRTH:** ..... / ..... / ..... (DD / MM / YY )

**YOUR MOBILE NUMBER :** .....

**YOUR POSTAL ADDRESS:** .....

.....

**YOUR E-MAIL ADDRESS:** *\*Required for club communications.*

.....

**NEXT OF KIN DETAILS (IN CASE OF EMERGENCY) – NAME AND MOBILE NUMBER:**

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**DO YOU HAVE ANY PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES OR INJURIES?**  
**DO YOU TAKE ANY REGULAR MEDICINES FOR YOUR CONDITION? (IF YES, PLEASE SPECIFY)**

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**TOTAL AMOUNT PAID (including VAT):** £ .....

**PAYMENT METHOD:** (PLEASE TICK ONE)

Cash

Cheque\*

Bank transfer +

\* Payable to 'Central London Fencing Club'

+ Acc name: Central London Fencing Club, Acc no: 21521896, Sort code: 40-06-03  
(please use your full name as a reference).

**SIGNATURE:** ..... **DATE:** .....