



WESTCOTT CRICKET CLUB

2011 JUNIORS SECTION

APPLICATION FORM



IF YOUR CHILD HAS ANY MEDICAL CONDITION OF WHICH WE SHOULD BE AWARE (e.g. ALLERGY, MEDICATION) PLEASE PROVIDE DETAILS BELOW (CONTINUE ON THE BACK OF THE FORM IF NECESSARY)

SURNAME _____

ADDRESS _____

POSTCODE: _____

MOBILE _____ **TEL NO** _____

PARENT/S NAME/S _____

EMAIL ADDRESS _____

CAN YOU HELP WITH: YES

CAN YOU ASSIST COACH ON FRIDAYS?

WEEKEND/MIDWEEK MATCH SUPERVISION?

<u>1st Playing Member</u>	Forename/s	£45
D.O.B.	Age on 1 SEPTEMBER 2010:	School
Medical details		
<u>2nd Playing Member</u>	Forename/s	£25
D.O.B.	Age on 1 SEPTEMBER 2010:	School
Medical details		
<u>3rd Playing Member</u>	Forename/s	£20
D.O.B.	Age on 1 SEPTEMBER 2010:	School
Medical details		
<u>Student</u>	Forename/s	£40
D.O.B.	Age on 1 SEPTEMBER 2010:	School
Medical details		
TOTAL		£

**Please make cheques payable to WESTCOTT CRICKET CLUB
and send, together with the application form to:**

Mrs Sue Mason, The Stone House, 21 Rose Hill, Dorking, Surrey RH4 2EA