



ENROLMENT FORM

TITLE: MR <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> OTHER <input type="checkbox"/>		HOME ADDRESS 1:	
FIRST NAME:		HOME ADDRESS 2:	
MIDDLE NAME:		HOME ADDRESS 3:	
LAST NAME:		HOME TOWN/CITY:	
TELEPHONE NO (HOME):		POSTCODE:	
TELEPHONE NO (MOBILE):		EMAIL:	
DATE OF BIRTH:		DISABILITY AND/OR HEALTH CONCERNS YES <input type="checkbox"/> NO <input type="checkbox"/>	
GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		IF YES PLEASE STATE:	
HAVE YOU EVER DONE ARCHERY BEFORE?: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES (PLEASE STATE DATES, CLUBS, EXAMPLES)	
I AGREE TO ENFIELD ARCHERS RULES AND REGULATIONS FOR SAFETY AND ETIQUETTE			
	PRINT NAME	SIGNATURE	DATE
APPLICANT			
ADDITIONAL INFORMATION <ul style="list-style-type: none"> ➤ A DEPOSIT OF £ 30.00 TO BE PAID ONE WEEK IN ADVANCE TO CONFIRM YOUR PLACE ➤ THE REST OF THE AMOUNT OF £35.00 TO BE PAID BEFORE OR ON THE START DATES ➤ ALL CHEQUES TO BE PAYABLE TO 'ENFIELD ARCHERS' ➤ BACS DETAILS ARE AVAILABLE ON REQUEST 			

<p>WEBSITE: WWW.ENFIELDARCHERS.CO.UK</p> <p>PLEASE RETURN COMPLETED FORM TO:</p> <p>919 HERTFORD ROAD, WALTHAM CROSS, HERTFORDSHIRE, EN8 7RR</p> <p>EMAIL: COACH@ENFIELDARCHERS.CO.UK</p>
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FOR CLUB USE ONLY:

CORRESPONDENCE DATE	
COURSE DATE	
GNAS NUMBER	
DEPOSIT PAID	
FULL COURSE PAID	