

Ellan Vannin Gymnastics Club

APPLICATION FORM

DATE	
------	--

PLEASE PLACE MY CHILD ON THE WAITING LIST (please tick)

PRE-SCHOOL	<input type="checkbox"/>	GENERAL	<input type="checkbox"/>
------------	--------------------------	---------	--------------------------

If Preschool, can you attend on a weekday Y / N

NAME OF CHILD	
---------------	--

DATE OF BIRTH	
---------------	--

MOTHERS NAME	
--------------	--

FATHERS NAME	
--------------	--

ADDRESS	
---------	--

POST CODE		TEL HOME	
-----------	--	----------	--

TEL MOBILE		TEL WORK	
------------	--	----------	--

Parents Name	Signature
--------------	-----------

Please return to: Shirley Hughes
Membership Secretary
Ellan Vannin Gymnastics Club
Pulrose Road
Douglas, Isle of Man.