

JUNIOR MEMBERSHIP FORM

Please complete details and return your form to:
Club Secretary, Les Basham
Broadlands, Borough Lane, Gt. Finborough, Stowmarket, IP14 3AS



**MEMBERSHIP
APPLICATION
2007**

NAME AND ADDRESS FOR ALL CORRESPONDENCE

Parent or Guardian NAME

ADDRESS

TOWN

COUNTY

Post Code

TELEPHONE

E-MAIL

**Membership fee
£8.00**

Please make cheques
payable to:-
STOWMARKET STRIDERS

Juniors Details

Forename

Surname

Date of Birth

Sex M/F

County*

 / /

Y/N

*To compete in county competitions you must either have been born in Suffolk or have resided in the county for more than nine months. Please indicate if you are eligible.

MEDICAL DETAILS

Please detail any important medical information that we should be aware of; e.g. epilepsy, asthma, diabetes, etc.

Emergency contact name:

& Telephone number

I hereby apply for the above named person to be registered as a junior member of the Stowmarket Striders Running Club and confirm that all persons listed are amateurs as defined by the BAF. I authorise the above information to be held on computer.

Signed _____

Date _____

TO BE SIGNED BY PARENT OR GUARDIAN

Photographs may be taken during events.

If you **DO NOT** wish your child to be photographed, please tick box.