

CASUAL USER FORM



OXLEY
SPORTS CENTRE

PRIMARY APPLICANT DETAILS

Title:

Date Of Birth :
D D M M Y Y

First Name:

Last Name:

E-mail:

Full Address:

Post Code: Contact Number:

Emergency Contact Name:

Emergency Contact Number: Relationship:

SECONDARY APPLICANT DETAILS

Title:

Date Of Birth :
D D M M Y Y

First Name:

Last Name:

E-mail:

Full Address:

Post Code: Contact Number:

Emergency Contact Name:

Emergency Contact Number: Relationship:

Child 1 Date Of Birth :
D D M M Y Y

Child 2 Date Of Birth :
D D M M Y Y

Signature: Date:

Secondary Signature: Date:

CASUAL USER FORM



OXLEY
SPORTS CENTRE

DATA PROTECTION ACT

The information you have provided will be stored on a central database. It will be used by Sherborne Sports and Leisure Limited trading as Oxley Sports Centre, who will administer leisure and activities. If you would like to opt into our marketing mailing list so that we can share our current offers, news and information with you, please tick the box below. We will never pass on your details on to third parties. You will be able to unsubscribe at any time. Please indicate if you wish to receive such information by ticking the relevant box.

Yes No

Please specify which ways we can contact we can contact you:

Email Social Media Telephone