

"The Play Centre"

Membership Application Form

Annual Membership per child

£10 first child / £8 second child / £5 any other *

*applies to children in the same family only

Date:

Parent/Guardian Name:

Address:
.....

Postcode:

Telephone:

Email:

1st Child Name:

Date of Birth:

2nd Child Name:

Date of Birth:

3rd Child Name:

Date of Birth:

4th Child Name:

Date of Birth:

I confirm I have read and agree to The Play Centre Membership Terms & Conditions overleaf

Parent/Guardian Signature

For Staff Use Only:

Date Issued:

Membership No:

Authorised By: