Please complete this form and return it to

The Parklangley Club, 44a Wickham Way, Beckenham, Kent, BR3 3AF info@theparklangleyclub.co.uk or press Submit on next page

COACHING REGISTRATION FORM

No.	-						
	•	Δ	-	tı	n	n	-1

ADULT COACHING

Title Mr/Mrs/Miss/Ms				
First Name		М	/ F	:
Surname				
Date of Birth	1	/		
Address				
Postcode				
Tel Home				
Tel Work				
Tel Mobile				
Email				

Please go to Section 3 on next page

Section 2

JUNIOR COACHING

Child's First Name	M / F
Surname	
Date of Birth /	1
Medical Problems (asthma, allergies etc)	
Full Name of Parent/Guardian	
Mr/Mrs/Miss/Ms	
Address	
Postcode	
Tel Home	
Tel Work	
Tel Mobile	
Email	

▶ Section 3

FURTHER INFORMATION					
How did you hear about The Parkland	Jley Club's c	oach	ing pro	gram	me?
Sport					
Venue					
Coach					
Day	Time				
Date of first lesson to be paid for		/		/	
Section 4 PAYMENT OF FEES & SIGNA	ATURE				
All fees are collected by direct debit.					
☐ I have completed the Direct Debit ma	ndate				
or					
☐ I already have a Direct Debit mandate	set up				
I have read the procedures for the Parkla understand that it is my responsibility to renew the course. I accept that I must gi cancel lessons.	let the Clul ve four full v	kno week	w if I do s'notice	not v if I wi	vish to ish to
I also agree that my child (if appropriate free of charge.) can be ma	de a	British Te	ennis	member
I accept that my name typed below (if must be that of parent/guardian as state signature and indicates my agreement conditions in full including any member	ed overleaf), to be bound	, sha d by	I serve a the term	s my	legal
Signature					
Date		/		/	
Submit Form					
FOR OFFICE USE ONLY Membership Entered on course BTM (if applicable)	Clubsys Invoice ra Feedback	ised			