

Application Form

Annual subscription £20

Personal Details

Name _____

Address _____

_____ Postcode _____

Telephone _____ Date of birth _____

Email _____ Member's Mobile _____

School Details

School Name and Year Group _____

Parents / Guardian Details

Mother / Guardian's Name (For under 18's) _____

Email _____ mobile _____

Father / Guardian's Name (For under 18's) _____

Email _____ mobile _____

Medical Details and Personal Information

Do you suffer from any allergies or medical conditions? If YES, please specify

Is there anything else you feel we should be aware of concerning welfare?

Declaration

- I enclose cheque (made payable to PYT) for £20.00 or
- I have paid online: CAF bank 40-52-40, a/c 00028502, please reference FM then applicant's name
- I enclose TWO passport sized photographs
- I have read and understand the PYT Guidelines.

Signed _____ Print _____

Parent / Guardian if under 16

Deadline: 6 April 2017, membership begins 7 April 2017