

APPLICATION FORM

Child's Name:

Address:

.....

.....

Postcode:

Date of Birth (dd/mm/yy): / / **Gender:** M / F

School:

Parent/Guardian's Name:

Phone Number:

Email Address:

Tick here if you do **NOT** want to receive further information from The Cards Trust & Woking Football Club:

Parent/Guardian's Signature:

Please make cheques payable to **Junior Cards**. Send your form with full payment to:
Junior Cards, The Laithwaite Community Stadium, Kingfield, Woking, Surrey, GU22 9AA



Office Use Only Membership Number:

Date Received: Despatched:

Paid: CH/CA/BT