

CARING OUTREACH INTERNATIONAL CHARITY

CLUB MEMBERSHIP FORM

Admin @caringoutreachcharity.org

www.caringoutreachcharity.org

Please give this form to your parent / guardian if you are under 16 to get permission as they Sign the form for you . Please fill this membership form and return it to the centre. Thanks

1. NAME _____ Surname _____

2.Address _____ Post Code _____

3.Telephone _____ Email _____

4. Please select the activities / Club you are interested to join and make sure you sign the Declaration down below and follow the rules of every activities at the centre and on the pitch.

{A} Salsa Dancing [] {B} Cheer-Leading {C} Table Tennis [] {D} Boxing []

{E} Football Male / Female ages, 8 to 55 [] {F} Bally Dancing for women []

{G} Music [] {H} Street Dance [] {I} karate Class [] {J} Acting [] {K} Cycling []

{L} Elderly's Club [] {M} Job seekers Club [] {N} Singles Club, looking for Love []

{O} Gymnastic [] {P} Martial Arts [] {Q} Cricket [] {R} Basket Ball []

{S} Long Tennis [] {T} Badminton {adults} [] {U} Yoga, Stretch & Relax {adult} []

{V} Drama [] {X} Cultural Dance [] Instrumentalists []

5. To Monitor Our Equal Opportunity service, please mark one box.

WHITE [] BLACK AFRICAN [] BLACK CARIBBEAN [] BLACK OTHER []
ASIAN CHINESE [] ASIAN INDIAN [] ASIAN PAKISTAN [] ASIAN BANG-
LADESHI [] OTHER ASIAN [] OTHER WHITE [] OTHERS _____

6. Please mention your choice of day and time available for your activity _____

7. My date of Birth is _____ and I am glad to be a member of Caring Outreach Int'l Charity and would support its objectives.

SIGNATURE _____ Date _____ .

8 I am the parent / guardian of _____ and fully supported Him / her to be a member and to be attending Caring Outreach Charity Club.

My Name _____ Sign _____ Date _____