

STAR SWORD CLUB

Junior Membership Form 2008

Student's Name: _____ DoB : ____ / ____ / ____

Parent/Guardian's Name: _____

Postal Address: _____

_____ Post Code: _____

Email Address (please PRINT clearly): _____

Tel: _____ Mob: _____

Any Medical Conditions: _____

I understand that these details will be stored on computer and that my details will only be released to club officials for the specific purpose of contacting me about Star Sword Club. I agree to comply with the Star Sword Club members constitution (<http://www.starswordclub.co.uk/constitution.html>).

Signed: _____ Date: _____

JUNIOR BEGINNERS' COURSE FEE: 15.00 (cheques payable to Star Sword Club)