

**ALL-ROUNDED SPORTS LTD REGISTRATION FORM**

**THIS FORM IS ONLY FOR ADULT CUSTOMERS ONLY.**

CUSTOMER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_

MEDICAL CONDITIONS: (OPTIONAL)

**PACKAGES INTRESTED IN (PLEASE TICK THE BOX)**

COMMUNITY ACTIVITIES		CASUAL FUN & GAMES		SPORTS COACHING	
WAYS TO PAY		WAYS TO PAY		WAYS TO PAY	
<ul style="list-style-type: none"><li>• Card</li><li>• Cash</li></ul> At the venue on arrival		<ul style="list-style-type: none"><li>• Card</li><li>• Cash</li></ul> At the venue on arrival		<ul style="list-style-type: none"><li>• Card</li><li>• Cash</li></ul> At the venue on arrival	

**IF ATTENDING REGUALLY PLEASE FILL OUT CONTACT TONY FOWLER VIA EMAIL: [tony.fowler078@outlook.com](mailto:tony.fowler078@outlook.com) TO RECEIVE A MEMBERSHIP FORM.**

**BY SIGNING THIS DOCUMENT, THE CUSTOMER GIVES PERMISSION TO COLLECT & STORE THE INFORMATION THAT IS  
I THIS FORM AND IT WILL NOT BE SHARED TO A 3<sup>RD</sup> PARTY.**

**CUSTOMER NAME:**

**DATE:**

**CUSTOMER SIGNATURE:**