

Please write in BLOCK CAPITALS.

#### PERSONAL INFORMATION

**First Name**   
**Surname**   
**Title** Mr/Mrs/Miss/Ms  
**Date of birth** dd/mm/yy   
**Nationality**   
**Address**   
**Town/City**   
**Postcode (Zip Code)**   
**Email address**   
**Phone number**

#### SPORTS

Please tick (✓) interests.

Swimming <input type="checkbox"/>	Badminton <input type="checkbox"/>
Indoor tennis <input type="checkbox"/>	Squash <input type="checkbox"/>
Outdoor tennis <input type="checkbox"/>	

#### HEALTH & FITNESS

Gym <input type="checkbox"/>
Spa <input type="checkbox"/>
Exercise classes <input type="checkbox"/>

**Signature**

**Date** dd/mm/yy

