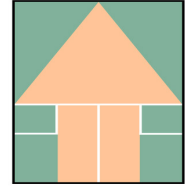




# BOSTON SQUASH AND RACKETBALL CLUB

*Showing the way ahead!*



HOME OF THE FIRST NATIONAL LOTTERY FUNDED RAINBOW COURTS IN THE UNITED KINGDOM

Mayflower Sports Centre, Rosebery Avenue, Boston, Lincolnshire.  
Telephone: 01205 360542  
www.bostonsquash.co.uk

## MEMBERSHIP APPLICATION

**SEASON RUNS FROM 1<sup>st</sup> OCTOBER 2011 to 30<sup>th</sup> SEPTEMBER 2012.**

Please complete this membership application form fully and return with your remittance to the Club Treasurer at the above address. Your membership will be available for collection within 7 days.

<b>NAME OF APPLICANT(s)</b>		<b>CONTACT TELEPHONE NUMBERS</b>	
Title .....	First Name .....	Surname .....	HOME .....
Title .....	First Name .....	Surname .....	WORK .....
Title .....	First Name .....	Surname .....	MOBILE .....
Title .....	First Name .....	Surname .....	EMAIL .....
<b>ADDRESS:</b>		<b>Names of 2 current members who will act as sponsors:-</b>	
.....		.....	
.....		.....	
..... POSTCODE .....		.....	
<b>OTHER INFORMATION:</b>			
Date of Birth ..... Membership Number .....			

**Please indicate below the type of membership required:**

MEMBERSHIP TYPE	JOINING FEE	FULL YEAR SUBSCRIPTION		PART YEAR SUB AFTER 1 <sup>st</sup> MAY	INDICATE BELOW
		Before 1/10	Paid Late		
INDIVIDUAL MEMBER	£5.00	£115.00	£135.00	£60.00	
JOINT MEMBERS (COUPLE)	£5.00	£180.00	£200.00	£90.00	
FAMILY MEMBERS (Includes children under 16 or in full time education)	£5.00 (Each)	£200.00	£220.00	£100.00	
STUDENT MEMBERS (17 or over, but in full time education)	£5.00	£ 40.00	£ 60.00	£20.00	
JUNIOR MEMBERS (16 or under at start of season)	£5.00	£ 20.00	£ 40.00	£10.00	
A key deposit of £10.00 will be charged (1 key per member). Please indicate number of keys required:					
<b>TOTAL REMITTANCE</b>					

# Squash and Racketball Activity Participant Registration Form



## PLEASE COMPLETE IF YOU ARE NEW TO SQUASH/RACKETBALL

This form includes questions to provide basic information about people participating in activities supported by England Squash & Racketball funded programmes. This will assist the National Governing Body assess how successful investment in local programmes has been measured against numbers of participants.

**COACH'S NAME** \_\_\_\_\_

<b>Q1. Please complete Below:</b>			
Venue - Boston Squash and Racketball Club	Activity - Squash/Racketball	Date-	
<b>Q2. Your Name</b>			
<b>Q3. Your Email Address (please print clearly)</b>			
<b>Your Postcode</b>			
<b>Q4. Your Contact telephone numbers</b>			
Mobile	Work	Home	
<b>Q5. Are you (please tick)</b>			
Male		Female	
<b>Q6. How old are you?</b>			
Under 16		16 Plus	
<b>Q7. Do you have any long term illness, health problem or disability, which limits your daily activities or work?</b>			
Yes		No	
<b>Q8. Which of these ethnic groups do you consider that you belong to?</b>			
White		Mixed	
		Asian/Asian British	
		Black/Black British	
Chinese		Other (please state)	
<b>Q9. Are you a member of a squash or racketball club, if yes which one</b>			
Boston Squash and Racketball Club (new member)			
<b>Q10. Parental/Guardian Signature if Under 16</b>			
Name:		Signature:	

This information will only be used by the National Governing Body (i.e. England Squash & Racketball) to monitor the number of people playing Squash &/or Racketball and we may contact you in the future to ascertain how often you are playing and what else you are doing in relation to this type of sporting activity. We thank you for agreeing to help us with this important project. **None of the information on this form will be passed to any 3<sup>rd</sup> parties.**