



Application Form

Unique Registration No:

Name: _____

Address: _____

Postcode: _____

e-mail: _____

Mobile Tel: _____

Home Tel: _____

Age: _____ Male Female

In the event of an emergency please supply the name and contact number of someone we can contact on your behalf:

Name: _____

Contact Number: _____

For monitoring purposes please indicate which of the following best describes your ethnic/cultural/racial origin:

- | | | | | | |
|---------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|
| White British | <input type="checkbox"/> | Asian Asian British | <input type="checkbox"/> | Black or Black British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Caribbean British | <input type="checkbox"/> |
| Any Other | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | African British | <input type="checkbox"/> |
| | | Bangladeshi | <input type="checkbox"/> | Any Other | <input type="checkbox"/> |
| | | Any Other | <input type="checkbox"/> | | |

- | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| Mixed White & Black Caribbean | <input type="checkbox"/> | Chinese or other ethnic group | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Any Other | <input type="checkbox"/> | | |

Tick here to opt out of our marketing list. DC Leisure Management Ltd and it's subsidiary companies hold your data in accordance with the provisions contained within the data protection act. Please contact reception for further details.