

Activity Enquiry Form

Adult/Parent Details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Tel Home/Mobile:
Full Name:	Tel Work:
Address:	
	Postcode:
E-mail:	
Occupation:	Company Name:

Children's Details

Name of Child _____ Date of Birth _____ Male Female

Activity of interest: (Please tick all that apply)

Football <input type="checkbox"/>	Swimming <input type="checkbox"/>
Badminton <input type="checkbox"/>	Swim Academy Lessons <input type="checkbox"/>
Gymnastics <input type="checkbox"/>	Swim Excel Lessons <input type="checkbox"/>
Trampolining <input type="checkbox"/>	Water Confidence Lessons <input type="checkbox"/>
Table Tennis <input type="checkbox"/>	Squash (ALC only) <input type="checkbox"/>
Bowls <input type="checkbox"/>	Cricket <input type="checkbox"/>
Fitness Classes <input type="checkbox"/>	Kinetika Gym <input type="checkbox"/>
Other, Please specify: _____	

How did you hear about us? (Please tick)

Centre User <input type="checkbox"/>	Leaflet <input type="checkbox"/>	Newspaper <input type="checkbox"/> - which paper _____
Reputation <input type="checkbox"/>	Leaflet through <input type="checkbox"/>	Radio <input type="checkbox"/> - which Station _____
Yellow Pages <input type="checkbox"/>	Door <input type="checkbox"/>	Letter <input type="checkbox"/> - Campaign name _____
	Site Brochure <input type="checkbox"/>	

Referred by: (Name) _____ Other _____

Customer Signature: _____

Name (Block Capitals): _____

Date: _____

Activity Enquiry Form Continued . . .

OFFICE USE ONLY

Enquiry Form given to:

Date/Time contacted:

Contacted by:

Comments:

Action taken:

Signed on behalf of the Company

Signed:

Name:

Date:

Tick here to opt out of our mailing list

DC Leisure Management Ltd and its subsidiary companies holds your data in accordance with our data protection policy. Call us on 01276 853 700 for details.