



Squash Racquets Club



LILLESHALL SQUASH RACQUETS CLUB

JUNIOR APPLICATION FORM

Full Name Mr /Miss.....

Date of birth.....

Address.....

.....

.....Post Code.....

Telephone: Home.....Mobile.....

Email Address.....

Signed.....*

Parent /Guardian to sign.....**

**I agree to abide by the rules of the club as laid out in the clubs constitution. A copy is available to read from any Committee Member.

Note: Junior membership is up to 18 years. Thereafter the above fee is required

Return to: Lilleshall S.R.C. 18 Paddock Close Wellington Telford Shropshire TF1 3ND.
