

BOOKING CUSTOMER APPLICATION FORM

Customer Information																			
First Name:	Surname:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>												
Address:		Home Telephone Number:		<input type="text"/>															
		Mobile Phone Number:*		<input type="text"/>															
		* Under 16s must provide written consent from a parent/guardian																	
Postcode:	Email Address:		<input type="text"/>																
<p>Ethnic Origin:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Chinese <input type="checkbox"/></td> <td style="width: 33%;">Other Asian <input type="checkbox"/></td> <td style="width: 33%;">Pakistani <input type="checkbox"/></td> </tr> <tr> <td>Bangladeshi <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td>Black Caribbean <input type="checkbox"/></td> </tr> <tr> <td>Black African <input type="checkbox"/></td> <td>Black Other <input type="checkbox"/></td> <td>Mixed Ethnicity <input type="checkbox"/></td> </tr> <tr> <td>White <input type="checkbox"/></td> <td colspan="2">Other (Please specify) _____</td> </tr> </table>								Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Other <input type="checkbox"/>	Mixed Ethnicity <input type="checkbox"/>	White <input type="checkbox"/>	Other (Please specify) _____	
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White <input type="checkbox"/>	Other (Please specify) _____																		
<p>Disability:</p> <p>Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please specify:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Mobility/Physical <input type="checkbox"/></td> <td style="width: 33%;">Hearing <input type="checkbox"/></td> <td style="width: 33%;"></td> </tr> <tr> <td>Seeing <input type="checkbox"/></td> <td>Mental Health <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Learning <input type="checkbox"/></td> <td colspan="2">Other (Please specify) _____</td> </tr> </table>								Mobility/Physical <input type="checkbox"/>	Hearing <input type="checkbox"/>		Seeing <input type="checkbox"/>	Mental Health <input type="checkbox"/>		Learning <input type="checkbox"/>	Other (Please specify) _____				
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Learning <input type="checkbox"/>	Other (Please specify) _____																		
<p>Data Protection:</p> <p>Your details may be used and disclosed to Serco Leisure Operating Limited and/or other organisations, which may be of interest to you, or for market research. If you would prefer not to receive this marketing or other information you may write to us at any time or put a tick in this box <input type="checkbox"/></p> <p>If you have provided your email address and would like to receive marketing and/or other information by this method from Serco Leisure Operating Limited and/or other organisations please tick this box <input type="checkbox"/></p> <p>If you have provided your mobile number and would like to receive marketing and/or other information by this method from Serco Leisure Operating Limited and/or other organisations please tick this box <input type="checkbox"/></p>																			
<p>I have read and understood the Booking and Cancellation Policy:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Signed:</td> <td style="width: 33%;">Signed:</td> <td style="width: 33%;">Date:</td> </tr> <tr> <td>(Applicant)</td> <td>(Parent/Guardian if Applicable)</td> <td></td> </tr> </table>								Signed:	Signed:	Date:	(Applicant)	(Parent/Guardian if Applicable)							
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