

# Application Form

Annual subscription £20

## Personal Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

Email \_\_\_\_\_ Member's Mobile \_\_\_\_\_

## School Details

School Name and Year Group \_\_\_\_\_

## Parents / Guardian Details

Mother / Guardian's Name (For under 18's) \_\_\_\_\_

Email \_\_\_\_\_ mobile \_\_\_\_\_

Father / Guardian's Name (For under 18's) \_\_\_\_\_

Email \_\_\_\_\_ mobile \_\_\_\_\_

## Medical Details and Personal Information

Do you suffer from any allergies or medical conditions? If YES, please specify

Is there anything else you feel we should be aware of concerning welfare?

## Declaration

- I enclose cheque (made payable to PYT) for £20.00 or
- I have paid online: CAF bank 40-52-40, a/c 00028502, please reference FM then applicant's name
- I enclose TWO passport sized photographs
- I have read and understand the PYT Guidelines.

Signed \_\_\_\_\_ Print \_\_\_\_\_

Parent / Guardian if under 16