SPORTS CENTRE PARKING APPLICATION FORM

PLEASE COMPLETE THIS APPLICATION FORM FULLY IN BLOCK CAPITALS

Surname	Title	Forename		Gender	Date of Birth
Address					
				Postcode:	
Email Address:					
Car: Make and Model					
Registration Number					
Proxy Disc No. (on the reverse of your membership ca			0000		
Reason for request (please ti	ck one):				
Sports Club Concessionary Member			Pond Cottages Resident		
Therapist Associate			Personal Trainer		
Other:					
 If approved your access of automatically at the end Vehicles must not be particular to the contract of the contract	eard will be au of this period ked on Pond	uthorised to o and must be	renewed.		
circumstances for safety 3. You will be issued with a		for your vobic	slowbich n	oust be sarried in th	ha vahiala at all timas
 Failure to comply with th 		•			
I wish to apply for Sports C conditions of use.		,	•		
Signed:			Date:		
Office Use Permit Number					
Authorised Y/N		Sports Manage	r		
Start Date		Expiry Date			
Access Level Updated (date)				Initials	
Parking Parmit Issued (data)				Initiale	