



Application Form

The sports centre/facilities I am most likely to make use of are:

.....
.....

Surname

Forename(s)

Date of Birth

Home Tel No.

Address

Post Code

NGB Contact Information

.....
.....

Sports involved in

.....
.....
.....

Level

I agree to provide supporting evidence of my involvement in sport to the required level if my application is successful (governing body endorsement if possible). YES NO

In return for the benefits of Fenland's Sports Stars of the Future, I agree to abide by the scheme conditions and to support or attend promotional activities and events if I am able. By attending these I also give permission for my photograph to be taken and used.

YES NO

Participant's Name

.....
Date

Parent or Guardian's Name

.....
Date

Contact Number

I give permission for to participate in the above programme
Tick Box

Please return completed forms to :
sportsdevelopment@fenland.gov.uk

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