



Sports Village Registration Form

Personal Detail: (please complete in BLOCK CAPITALS)	
Title (circle): Mr, Mrs, Ms, Miss, Other	
D.O.B (dd/mm/yyyy) -- / -- / ----	
Name:	
Address:	
	Postcode:
E-Mail	Tel:

Staff Use Only:	
Student	<input type="checkbox"/>
Non-Student	<input type="checkbox"/>
SIMMSActive	<input type="checkbox"/>
Exercise Referral	<input type="checkbox"/>