



BRUFC PERSONAL DETAILS FORM (2011-12)

Please amend as appropriate, sign & return to:

U7 – U12 – Sarah Lloyd, Manadon, Main Street, Tingewick, Bucks, MK18 4NL

U13 – U17 and Colts - Carol Flukes, 2 Redshaw Close, Buckingham, Bucks, MK18 7BS

Name of Child:

Date of Birth:

Age Group:

RFU No:

School attended:

Medical Conditions:

Parents / Guardians / Carers name:

Address:

CONTACT DETAILS

Home Telephone number:

Mobile Telephone number:

E-mail address:

I confirm I wish to join BRUFC, I also agree to abide by the club rules and code of conduct. All non-playing members are also required to undertake some volunteer work in support of the club, for example, participating in car parking and kitchen duties. I confirm that the above information is correct and enclose a cheque (made payable to BRUFC) for the sum of £_____

Name (please print)_____

Signed:_____ Date:_____

Please ensure the team manager for your child's age group has your correct contact details

Siblings Name: _____

Age group: _____