

CARDIFF INTERNATIONAL WHITE WATER
£5 ID CARD APPLICATION

Member Information			
Start Date of Membership:			
Name: (Mr/Mrs/Miss/Ms)			
Address:			
			Postcode:
Telephone:	Day:	Eve:	Mobile:
Age:		Date of Birth:	
Email Address:			

Previous Experience: *Please inform us of any experience relevant to your booking here.*

N.B. Please note that all participants must complete a Non-CIWW-Coached-Consent and Safety and Risk Declaration.

Payment
(please tick box)

Pay by Credit Card
 Pay by Debit Card
 Pay by Cheque
 Pay by Cash

Membership Fee: £ _____

N.B. Cheques should be made payable to "Cardiff County Council"

Declaration

I wish to purchase the above specified membership(s) for myself/_____ (name of child if under 18 years old) and confirm that the information supplied herein is correct. I am over the age of 18 years, I have read the CIWW Rules, Regulations and Etiquette and I have read and understood the £5 ID Membership Terms and Conditions and agree that this application is subject to the same.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

How did you hear about the CIWW?
(please tick) We would welcome your comments on the brochure and our advertising in general

Internet <input type="checkbox"/>	Advert <input type="checkbox"/>	Which Publication? _____
Been Before <input type="checkbox"/>	Recommendation <input type="checkbox"/>	Exhibition <input type="checkbox"/>
		Which Exhibition? _____

OFFICE USE ONLY

Booking Ref. No: _____

Date Form Received: _____

Date Confirmation Sent: _____

Date Medical Consent Received: _____

Total £ _____ to be paid by / /
Deposit Paid £ _____