

BOOKING CUSTOMER APPLICATION FORM

Customer Information																			
First Name:	Surname:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>												
Address:		Home Telephone Number:		<input type="text"/>															
		Mobile Phone Number:*		<input type="text"/>															
		* Under 16s must provide written consent from a parent/guardian																	
Postcode:		Email Address:		<input type="text"/>															
Ethnic Origin: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Chinese <input type="checkbox"/></td> <td style="width: 33%;">Other Asian <input type="checkbox"/></td> <td style="width: 33%;">Pakistani <input type="checkbox"/></td> </tr> <tr> <td>Bangladeshi <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td>Black Caribbean <input type="checkbox"/></td> </tr> <tr> <td>Black African <input type="checkbox"/></td> <td>Black Other <input type="checkbox"/></td> <td>Mixed Ethnicity <input type="checkbox"/></td> </tr> <tr> <td>White <input type="checkbox"/></td> <td colspan="2">Other (Please specify) _____</td> </tr> </table>								Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Other <input type="checkbox"/>	Mixed Ethnicity <input type="checkbox"/>	White <input type="checkbox"/>	Other (Please specify) _____	
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Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>																	
Black African <input type="checkbox"/>	Black Other <input type="checkbox"/>	Mixed Ethnicity <input type="checkbox"/>																	
White <input type="checkbox"/>	Other (Please specify) _____																		
Disability: Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Mobility/Physical <input type="checkbox"/></td> <td style="width: 33%;">Hearing <input type="checkbox"/></td> <td style="width: 33%;"></td> </tr> <tr> <td>Seeing <input type="checkbox"/></td> <td>Mental Health <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Learning <input type="checkbox"/></td> <td colspan="2">Other (Please specify) _____</td> </tr> </table>								Mobility/Physical <input type="checkbox"/>	Hearing <input type="checkbox"/>		Seeing <input type="checkbox"/>	Mental Health <input type="checkbox"/>		Learning <input type="checkbox"/>	Other (Please specify) _____				
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Learning <input type="checkbox"/>	Other (Please specify) _____																		
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I have read and understood the Booking and Cancellation Policy.																			
Signed: (Applicant)		Signed: (Parent/Guardian if Applicable)			Date:			<input type="text"/>											