

ENTRY FORM AND DEPOSIT

Please complete this form in block capitals.

NAME	
DATE OF BIRTH	
GROUP	
CURRENT SECTION	
SECTION AT POACHER	
CONTACT NAME 1	
CONTACT PHONE	
CONTACT EMAIL	
CONTACT NAME 2	
CONTACT PHONE	
CONTACT EMAIL	

<p>£30 DEPOSIT FOR POACHER 2022 PAID.</p> <p>Date:</p>	<p>SIGNED PARENT/GUARDIAN:</p> <p>SIGNED SECTION LEADER:</p>
---	---