

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: 25%;">Chinese <input type="checkbox"/></td> <td style="width: 25%;">Other Asian <input type="checkbox"/></td> <td style="width: 25%;">Pakistani <input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Bangladeshi <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td>Black Caribbean <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Black African <input type="checkbox"/></td> <td>Black Other <input type="checkbox"/></td> <td>Mixed Ethnicity <input type="checkbox"/></td> <td></td> </tr> <tr> <td>White <input type="checkbox"/></td> <td>Other (Please specify) _____</td> <td></td> <td></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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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: 25%;">Mobility/Physical <input type="checkbox"/></td> <td style="width: 25%;">Hearing <input type="checkbox"/></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Seeing <input type="checkbox"/></td> <td>Mental Health <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Learning <input type="checkbox"/></td> <td>Other (Please specify) _____</td> <td></td> <td></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) _____																						
Data Protection: Your details may be used and disclosed to The Harborough District Leisure Trust and/or their agent so that you can be provided with information about other goods and/or services offered by The Harborough District Leisure Trust, their agent and other organisations, which may be of interest to you, or for market research. If you would prefer not to receive this marketing or other information, you may write to us at any time or put a tick or cross in this box <input type="checkbox"/> If you have provided us with your email address and would like to receive marketing and/or other information by this method from The Harborough District Leisure Trust, and/or their agent or other organisations please tick this box <input type="checkbox"/> If you have provided us with your mobile number and would like to receive marketing and/or other information by this method from The Harborough District Leisure Trust, and/or their agent or other organisations please tick this box <input type="checkbox"/>																							
I have read and understood the Booking and Cancellation Policy.																							
Signed: (Applicant)		Signed: (Parent/Guardian if Applicable)			Date:			<input type="text"/>															