Will to Win
www.willtowin.co.uk

ADULT REGISTRATION FORM

COURSE Start Date		Tournament/Clinic/Event (please specify)
Day		
Time		

Please complete in BLOCK CAPITALS

SURNAME		Given Name	
Address			
		Postcode	
Email			
Home Phone		Mobile Number	
Date of Birth		Age	
WTW Cardholder no.			
LTA Rating		BTM Number	

Emergency Contact	
Relationship	
Mobile	

Please comment about your general level of fitness:
Please give details of any ongoing health conditions that may be affected by playing:

Signed_____ date ___/___/___

Please be assured that we will not pass on your information to any third parties. However, If you would rather not receive emails about WTW courses and events please tick here ☐

For Office Use:
PAYMENT METHOD: Cash ☐ Cheque ☐ Credit card ☐ Payment Date: ____/ ____/____
(Staple receipt to top of form)
Processed by _____ Date Processed ____/ _____/____

See: www.willtowin.co.uk for more details