

FRFC PLAYER MEMBERSHIP APPLICATION FORM

2022/2023 SEASON

Name: _____
 Address: _____
 _____ Post Code: _____
 Phone - Home: _____ Mobile: _____
 Email: _____

FRFC would like to contact you via email with updates and future events.

Would you like to receive regular information via email?

YES/NO

Date of Birth: _____
 Medical Conditions: _____
 Emergency contact details.
 Name: _____ Contact Number: _____

Club insurance covers loss of limbs or death for adults (over 18's only). You are recommended to obtain your own personal playing insurance.



(Please tick box) I agree to Fairford RFC using my data as defined in the Fairford RFC Privacy and Data Protection Policy (can be located on Fairford RFC website).

Membership Type

Tick

Ladies senior team £100

Guest Player £10 (max of 3)

Sponsored Player £175
