

Swimstart - Enrolment Form

1st Child: _____ DoB: _____ School/ Class: _____

2nd Child: _____ DoB: _____ School/ Class: _____

3rd Child: _____ DoB: _____ School/ Class: _____

Address: _____

_____ Post code: _____ Tel No: (01535) _____

Email Address: _____

I hereby agree to the conditions of membership of Swimstart

Signature of parent/carer: _____ Date: _____

Please print name of parent/carer: _____

For our records, please tell us how you heard about Swimstart: _____

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Swimstart

Registered Charity Number: 1105694

First name _____ Surname _____

Address _____

_____ Postcode _____

I would like to Gift Aid all donations I've made to Swimstart since 6 April 2004 and all donations in the future until I notify you otherwise.

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount the charity will claim in the tax year.

Child/children's names: _____