



**Old Coventrians
Rugby Football Club**
Tile Hill Lane
Coventry
CV4 9DE
Telephone: 024 7671 5273
www.oldcoventriansrfc.co.uk



JUNIOR SECTION PARENT/CARER ASSOCIATE MEMBERSHIP FORM 2010/11

Mr/Mrs/Miss/Ms/Other

Parent/Carer Name:

Address:

Post Code:

Telephone Number:

Mobile Number:

Email address:

I wish to apply to be an Associate Member of the Old Coventrians RFC.

I am the parent/carers of the following player(s):

Name(s)	Age Group(s)

Signed Parent/Carer:

Date:

The Old Coventrians RFC 200 Club helps pay for the running of the club. If you are interested in joining, please contact Peter Owen at peterowen@tesco.net or by telephone on 024 7640 2336. You can find full details, list of current members etc. on our website - click on "200 Club" in black bar at the top of our home page.

If you are associated with a business which might be interested in helping with club sponsorship e.g. pitch side advertising or contributing to playing equipment for junior rugby, please contact either Bob Holland (Club President) on 07816 773191 or Mike Owen (Chairman) on 07855 424097 or Bill Whetstone (Secretary) on 07966 064684.

Further details can be found on the Old Coventrians RFC Website at - www.oldcoventriansrfc.co.uk.

Yes/No

Equality Monitoring

This information enables Old Coventrians RFC to monitor and report to the RFU information on club membership. This information will be kept on club file and will only be used for monitoring and for club communications.

<p>Choose one section from A to E and then tick the appropriate box.</p> <p>A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (please specify):</p> <p>B Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (please specify):</p> <p>C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify):</p> <p>D Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please specify):</p> <p>E Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other (please specify):</p>	<p>Are you Male/Female? <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Thank you.