

Broughty Ferry Educational and Recreational Association  
ENROLMENT DETAILS



Please complete this form in BLOCK CAPITALS

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

The first four characters of my post code are: \_\_\_\_\_

Class: \_\_\_\_\_

In the event of a class being cancelled, I would like to be informed:

- by email at this address:
- by telephone on this number:

For statistical purposes only, can you tell us your age?

- 18-30       31-39       40-49       50-59  
 60-69       70-79       over 80       rather not say

Signed:

Class \_\_\_\_\_ Start date \_\_\_\_\_

Concession      Fee: \_\_\_\_\_  Paid \_\_\_\_\_

RECEIPT

DATE: \_\_\_\_\_ Name: \_\_\_\_\_

Class \_\_\_\_\_ Start date \_\_\_\_\_