

Letterkenny Blaze Basketball Club
Expression of interest in membership form

Parent/Guardian details	
Name:	Address:
Contact Number:	Email:

Child/Children's details		
Child 1 name:	DOB:	Gender:
Child 1 name:	DOB:	Gender:
Child 1 name:	DOB:	Gender:
Has the child/children played before:		
How do you think you (parent) can help in the club?:		
Date:		

Please refer to our privacy policy on www.blazebasketball.ie regarding the information you give

Please complete this form and return it by email to letterkennyblazereg@gmail.com