

# Simon's Heroes

WE CAN BE HEROES, FOR MORE THAN ONE DAY...

## Simon's Heroes Membership Form

Name: .....

Address:.....

.....

Contact Number: .....

Email Address: .....

DOB: .....

Emergency Contact Details:

Name.....

Number:.....

Why do you want to join Simon's Heroes?

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What can you bring to Simon's Heroes?

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Member's Signature.....Date.....

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Admin-

Medical form completed- Yes/No

Allocated Membership Number .....

Top size.....