

SEFTON WATER SPORTS CENTRE – CLUB & USER INFORMATION

SECTION 1 – YOUR CONTACT DETAILS

Name	<input type="text"/>
Address & Post Code	<input type="text"/> <input type="text"/>
Contact Telephone Number	Evening: <input type="text"/> Daytime: <input type="text"/> Mobile: <input type="text"/>
E-mail Address	<input type="text"/>
Preferred method of contact	Letter <input type="checkbox"/> E-mail <input type="checkbox"/>

SECTION 2 – YOUR CLUB & WATER CRAFT INFORMATION

Your Club (name)	<input type="text"/>																												
No of years membership	<input type="text"/>																												
Section (Adult or Junior)	<input type="text"/>																												
What type of Water Craft do you own or have access to?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>Number</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Canoe</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Kayak</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Windsurf</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yacht</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dingy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rowing</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	Number	No	Canoe				Kayak				Windsurf				Yacht				Dingy				Rowing			
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Dimensions of Craft (length & width)	No 1 <input type="text"/> No 2 <input type="text"/>																												

Estimated Value	1. £ <input type="text"/>	2. £ <input type="text"/>
Do you have a trailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you share use of your craft? If yes, with who?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		

SECTION 3 – STORAGE REQUIREMENTS IN NEW CENTRE

Do you require boat parking? If yes, how many spaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		
Do you have other storage requirements If so, what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		

SECTION 4 – MEMBERSHIP REQUIREMENTS

Individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>															
Couple	Yes <input type="checkbox"/>	No <input type="checkbox"/>															
Family	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>2 adults/2 children</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 adult/2 children</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 adult/3 children</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	2 adults/2 children	<input type="checkbox"/>	<input type="checkbox"/>	1 adult/2 children	<input type="checkbox"/>	<input type="checkbox"/>	1 adult/3 children	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
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Other	<input type="checkbox"/>	<input type="checkbox"/>															

SECTION 5 – OFFICIAL USE

Date received	<input type="text"/>
Received by	<input type="text"/>
Comments	<input type="text"/>