



# Side Record Sheet 2017

Please complete **both** pages of this form. Insurance certificates and renewal confirmation will not be sent until we receive both your payment **and** this form!

<b>ANN 102</b>
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<b>Name of side or individual member:</b>	<b>Annie's Fantasies</b>
<b>Town/county where side is based:</b>	<b>Colchester</b>

<b>* essential information</b>	<b>Main Contact:</b> <i>Please ensure this is someone who will distribute information to the rest of your side</i>	<b>Second contact:</b>
Contact name:	<b>*Ian Parker</b>	<b>*Margaret Colyer</b>
Position: <i>[eg Squire, Bagman etc]</i>	<b>*Booking coordinator</b>	
Postal address:	<b>*Park House, Bounstead Road, Colchester</b>	
Post code:	<b>*CO2 0DF</b>	
Phone no:	<b>*01206 577222</b>	<b>*01206 619941</b>
Email address: <small>Generic side email if poss</small>	<b>linda.mahondaly@doctors.org.uk</b>	<b>*margaretecol@yahoo.co.uk</b>

**Side website address: www.anniesfantasies.co.uk**

<b>Side details:</b>				
Type of dance performed: <b>NW Clog</b> <i>[eg Cotswold, Border, Longsword, Molly etc]</i>				
Summary of repertoire <i>[eg Cotswold traditions danced, source of Mummers' play etc]</i>				
Gender of side	mixed	Number of members:	Under 18s:1	Adults:14
Practice venue: <i>[address &amp; post code]</i>			Day:Sun ay	Time:11.0 0

\* If you would prefer that we list only the side name on the website, with no contact information, please tick ( )  
Please note that all contact details will be on the address list issued to members

\* Please indicate how many paper copies of Dancing On your side would prefer to receive ( 4 )

- I am paying my subscription by / **S.O.** [delete as applicable]
- I have read and understood the above information regarding licence requirements.
- To the best of my knowledge the side details are correct. Changes to contact details during the year will be forwarded to the Open Morris membership secretary.

...Annie's Fantasies.....*[name of side]* undertake to keep to the above provisions and accept the consequences which may arise if we do not do so.

Signed: *[Signature]* Position in side ..Booking coordinator..... Date: .....10/01/2017.....

Please return this form and your subscription cheque [payable to **Open Morris**] to:  
Liz Scholey 7 Redleaf Close, Tunbridge Wells, Kent, TN2 3UD

Membership fees for 2017:

~~THIS FORM IS NOT TO BE REPRODUCED~~