



# 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!

If you are paying by online banking or standing order, please put this reference on your online transaction or SO form.

CRC 131

Name of side or individual member:	Crosskey Clog
Town/county where side is based:	PETERBOROUGH

* essential information	Main Contact: <i>Please ensure this is someone who will distribute information to the rest of your side</i>	Second contact:
Contact name:	PETE STAFFORD-HOUGHTON	LAURA HURTON
Position: <small>[eg Square, Bagman etc]</small>	BAGMAN	SQUIRE
Postal address:	98 STEPHENSON WAY BOURNE	122 BARNSTOCK PETERBOROUGH
Post code:	PE10 7DD	PE5 8FL
Phone no:		
Email address: <small>Generic side email if poss</small>	ptsh98@gmail.com	lourahurton122@gmail.com
Side website address:	www.crosskeyclog.org	

<b>Side details:</b>			
Type of dance performed: <small>[eg Cotswold, Border, Longsword, Molly etc]</small>	NW		
Summary of repertoire <small>[eg Cotswold traditions danced, source of tunes, play etc]</small>	---		
Gender of side	<input checked="" type="checkbox"/> mixed <input type="checkbox"/> female <input type="checkbox"/> male	Number of members:	Under 18s: 1 Adults: 15/19
Practice venue: <small>[address &amp; post code]</small>	NEWBOURNE VILLAGE HALL PETERBOROUGH PE6 7RT	Day: WED	Time: 8

\* 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 ( )

- I am paying my subscription by **cheque / S.O. / direct transfer** [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.

\_\_\_\_\_ [name of side] undertake to keep to the above provisions and accept the consequences which may arise if we do not do so.

Signed: \_\_\_\_\_ Position in side: \_\_\_\_\_ Date: \_\_\_\_\_

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:

Before January 31st and new members throughout the year			
£35.00 per adult side	£17.50 per overseas side	£15 per junior side	£7.00 per individual member
After January 31st			
£45.00 per adult side	£27.50 per overseas side	£25 per junior side	£17.00 per individual member