PEN LINORRIS

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 <u>and</u> this form!

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

Name of side or individual member:		FLAGCRACKERS OF CRAVEN.	
Town/county where side is based:		SKIPTOW. NORTH YORKS	
* essential information * Main Contact: Please ensure this is who will distribute information to the rest side			Second contact:
Contact name:	* JULIE GREENWOOD		*KEVIN HALLAM
Position: [eg Squire, Bagman etc]	* Saulle		BALDRICK.
Postal address:	* G, DALACRES CR EMBSAY, SKIPTON		43, ALBION STREET, OTLEY, W. YORKS
Post code:	* BD23 GRW	<u>, , , , , , , , , , , , , , , , , , , </u>	LS21 132
Phone no:	*07742293374.		* 01943 467246
Email address: Generic side email if poss	*jkgreenwood100@	gmail Com	* Kerinhallam 74 @ yahoo.co.uk
Side website add	Iress: www-flagor	ackers	= co=uk
Side details: Type of dance perfo	armod' o		
[eg Cotswold, Border, Longsw Summary of reperto [eg Cotswold traditions danced	ord, Molly etc] Dire d, source of Mynamers' play etc]	ımber of me	web area Llader 40c. Adultar
Gender of side		AITE OF THE	embers: Under 18s: Adults:
	SS & POST COORD FARNITILL VILLE MAIN STREE	MUE IN	STTUTE Day: WED Time: 8-10
Practice venue: _{[addre} *If you would prefer that	SS & POST COORD FARNITILL VILLE MAIN STREE	MAE IN EFT 1 KEIGH e, with no conta	STIUTE Day: W^2D Time: $8-10$ Conclusion, please tick ()
Practice venue:[addre	SS & post code) FARNHILL VILL MAIN STRE FARNHILL we list only the side name on the website	AGE 1W EFT (KEIGH e, with no conta ued to membe	STIUTE Day: WED Time: 8—16 L. BD20 9BJ. act information, please tick () rs
Practice venue: [addre	we list only the side name on the website any paper copies of Dancing On your side scription by cheque / S.O. / direct transferstood the above information regarding nowledge the side details are correct. C	FIGE 1N FIGE 1N CETGIH e, with no conta ued to membe e would prefer fer [delete as a licence require	STTUTE Day: WED Time: 8—10 L. BO20 9BJ. act information, please tick () rs to receive ()
Practice venue: [addre	we list only the side name on the website any paper copies of Dancing On your side scription by cheque / S.O. / direct transferstood the above information regarding nowledge the side details are correct. Cership secretary.	e would prefer [delete as a licence require hanges to con	STTUTE Day: WED Time: 8-10 Lact information, please tick () to receive () applicable] applicable]

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