

APPLICATION FORM



Name:

Address:

.....

Postcode

Telephone:

Email:

MEMBERSHIP TYPE:

SILVER

GOLD

CHILDREN:

Name: Name: Name: Name:

D.O.B: D.O.B: D.O.B: D.O.B:

Where did you hear about World of Wonder?

Word of mouth

web

leaflet

other please state

I confirm that my details are correct and if any information changes I will notify World of Wonder.

I have read and understood all information detailed within this form and agree to abide by the Rules of Play and terms and conditions overleaf.

I acknowledge that I, or my representative will supervise my children at all times while on the premises.

I would like to receive information about parties, special offers and future events at World of Wonder. Please tick to opt in.

Any information that you do provide will not be passed on to other persons and will only be used for the purpose described above.

Please then confirm how you would prefer to be contacted:

By phone

By email

By post

Name (Print)

Signed

Date

