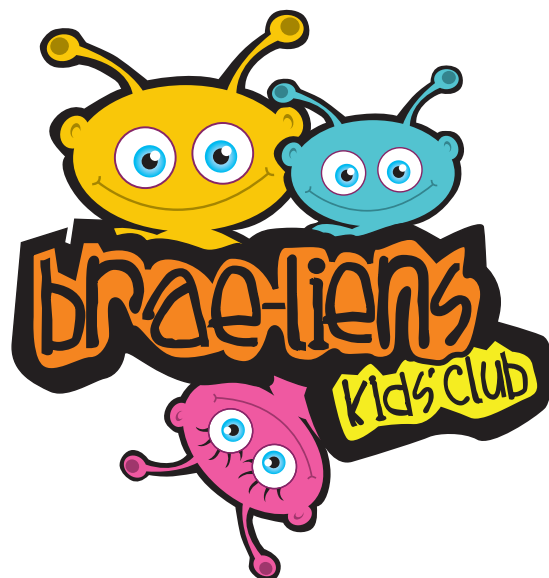


# APPLICATION FORM



I would like to register my child to join the Brae-liens Kids' Club. I understand that by registering, I consent to receiving updates on news, offers and events at Braehead by email or by the other contact methods I choose to provide.

Parent/Guardian name .....

Address .....

.....

..... Postcode .....

Telephone number .....

Email address .....

Name of child 1 .....

DOB of child .....

Boy  Girl  (please tick)

Name of child 2 .....

DOB of child .....

Boy  Girl  (please tick)

Signature .....

Date .....

Braehead respects your privacy and will not share your personal data with any third parties

## FOR OFFICE USE ONLY

Membership number

Membership card received

Goody bag received

Sticker received

Signature .....

Date .....

