**SEASON TICKET **

**APPLICATION FORM**

Please fill in the following:

Lake/ Season Ticket applying for: …………………………………………….

First Name:……………………………..............................................

Surname:……………………………................................................

D.O.B:……………………………..................

Address:……………………………..................................................

………………………………............................................................

………………………………............................................................

………………………………............................................................

Postcode:…………………………….................

Telephone Number:……………………………...............................

Email address:……………………………......................................

Please state your reason for wanting a Season Ticket:

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Have you had experience of handling carp over 30lb?…………………….

If so, for how many years?……………………………

Have you been/or are you a member of other syndicates or angling

clubs?…………………..

If so, please provide details, including length of membership:

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Have you been banned or suspended from a syndicate or angling

club?…………………………….....

If so, when and why………………………………........................................

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Please note:

If it is discovered that you have given false information in this form

we reserve the right to terminate your membership immediately.

Please return the application form by email or post.

If your application is successful we will send you confirmation by

email.

Thank you for enquiry.