



Senior Membership Registration Form

The following information is required to ensure that Bray Runners Athletic Club meets the specific requirements for all registered athletes. Information submitted on this form will be held in confidence.

Full Name: _____

Address: _____

E Mail Address _____

Date of Birth: ___/___/___ Male / Female (Please circle)

Home Tel: _____ Mobile No. _____

Alternative contact number(s) (1): _____ (2): _____

Previous Club (if any) _____

Additional Information

For Office Use

Date Application received / /

Received by. -----