

Severn Vale Swimming Club

First Time Visitor Registration Form

Date

First name(s).....

Surname

Address

.....

Postcode

Telephone No

Email

Where did you hear about us?

.....

Type of photo ID provided and number:

BN Card/Driving Licence/Passport/Other

NoOther

I/we consent to the use of my/our personal data, solely for the purposes of membership administration and wish to register as a visitor to SVSC.

Signature(s).....

Note: This is not a membership application form. Potential members can request an application form after three visits.

The information given on this form will be used solely for the purposes of membership administration in accordance with the General Data Protection Regulation (GDPR) as detailed in the SVSC Privacy Notice.

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