

PERSONAL CONTACT DETAILS

Please fill in and hand to Sheila Jackson, band secretary.

Full Name		Home phone	
Date of birth		Mobile phone	
Address			
Email address		Instrument	
Medical Information I need to share		CRB checked?	Yes / No

EMERGENCY CONTACT DETAILS

First contact		First contact number	
Relationship		Second contact number	
Second contact		First contact number	
Relationship (optional)		Second contact number	

The 1998 Data Protection Act prohibits the storage of personal information about people in a digital format in the UK without obtaining their express written permission. Please sign and date below to give permission to Shepley Band to store and utilise your name and information in future band-related publicity, directories, and databases. This information may be made available to members of Shepley Band. Your postal address, telephone number, email address or other private information will not be made available to members of the public outside Shepley Band without your prior written consent. Your agreement with this statement is necessary to comply with the 1998 Data Protection Act in the United Kingdom. In addition, by signing below you give your consent for representatives of Shepley Band to take photographs, video recordings and/or audio recordings of you and use the same in connection with publicity, advertising and promotional materials without reservation or limitation.



I wish to join Shepley Band and agree to the terms stated above.

Signed _____ Date _____

FOR SECRETARY'S USE ONLY

	Yes / No	Date Issued / Details
Band jacket issued		
Bow tie		
Black polo shirt purchased		
Band instrument?		
Band mouthpiece?		
Music stand number		
Own music folder issued		