



Registration Form

Personal Information

(Please fill in the information or circle where appropriate)

Title	Mr / Mrs / Miss / Ms / Other (please state)
Surname	
Forename(s)	
Address	
Postcode	
Telephone (home)	
Telephone (mobile)	
Email address	

Gender (Please indicate by a tick in the appropriate box)

Male

Female

Date of birth

___ / ___ / ___

Ethnic Origin (Please indicate by a tick in the appropriate box)

White

British

Irish

Any other White background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Black or Black British

Caribbean

African

Any other Black background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Other ethnic groups

Not stated

Chinese

Not stated

Any other ethnic group

I do not wish to disclose my ethnic group

Do you consider yourself to have a disability? (Please indicate by a tick in the appropriate box)

Yes

No

If yes, please give details of the disability below.

Please keep me informed of other Footprints Community Walking Programme activities.

I give my permission for any photographs taken of me to be used in future promotional literature.

Signed: _____

Date: _____

FOR STAFF USE ONLY

		Date	Signed
Membership number			
Membership card given	Y / N		
Details entered on database	Y / N		
Email added to contacts list	Y / N		