



## ARE YOU AGED 4 TO 8? COME JOIN OUR WELEPHANT CLUB

ONE CHILD PER APPLICATION FORM PLEASE.  
TO BE COMPLETED BY A PARENT OR GUARDIAN

CHILD'S FIRST NAME: 

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CHILD'S SURNAME: 

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ADDRESS: 


POST CODE: 

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TELEPHONE: 

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INC. STD CODE 

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CHILD'S DATE OF BIRTH: (DD/MM/YY) 

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 MALE:  FEMALE:

### PARENT/GUARDIAN CONSENT

Please sign here to give your consent for Staffordshire Fire and Rescue Service to contact you and / or your child in writing or by e-mail in relation to the Welephant Club and the work of Staffordshire Fire and Rescue Service

SIGNED:

DATE:

PARENT/GUARDIAN FIRST NAME: 

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PARENT/GUARDIAN SURNAME: 

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EMAIL: 

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ONCE YOU HAVE FILLED IN THIS FORM, SIMPLY FOLD IN HALF AND POP IN THE BOX OR POP IN A STAMPED ENVELOPE AND RETURN TO THE WELEPHANT CLUB, THE MARKETING AND COMMUNICATIONS TEAM, STAFFORDSHIRE FIRE AND RESCUE SERVICE, PIREHILL, STONE, ST15 OBS