

**Phoenix Walking Club Application Form**

Please print

Please note that in signing this application you must be able to walk 10 country miles and are over 18 yrs of age.

Title.....

Surname.....

First Name.....

Address.....

.....

.....

Post Code.....

Pick-up Point.....

**Registrar's I.D.**

Tele.....

Mobile.....

Signature.....

Date.....

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