

ACTIVITY SURVEY (for ETTA use)

Are you a social member of this Club only?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Playing: are you a table tennis player?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how often on average did you play in the previous 12 months? (tick one)			
Not at all <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Once a month <input type="checkbox"/>	Once a week <input type="checkbox"/>
		3 or more a week <input type="checkbox"/>	
Coaching: do you coach table tennis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how long on average did you coach in the previous 12 months? (tick one)			
Not at all <input type="checkbox"/>	<1 <input type="checkbox"/>	1-3 <input type="checkbox"/>	4-6 <input type="checkbox"/>
		7-14 <input type="checkbox"/>	15+ <input type="checkbox"/>
Do you hold a current coaching qualification? (if yes, tick all that apply)			
ETTA qualification <input type="checkbox"/> Level:		UKCC qualification <input type="checkbox"/> Level:	
Are you paid for the coaching you do? (tick one)			
Paid full-time (>30 hrs/wk) <input type="checkbox"/>		Paid part-time (<30 hrs/wk) <input type="checkbox"/>	
Unpaid (voluntary) <input type="checkbox"/>			
Volunteering: are you a table tennis volunteer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how long on average did you spend in the previous 12 months? (tick one)			
Less than 1 hour per week <input type="checkbox"/>		More than 1 hour per week <input type="checkbox"/>	
Do you hold a table tennis qualification? (if yes, tick all that apply and indicate level)			
Referee <input type="checkbox"/>		Interested? Yes <input type="checkbox"/>	
Umpire (including junior umpire) <input type="checkbox"/>		Interested? Yes <input type="checkbox"/>	
Tournament Organizer <input type="checkbox"/>		Interested? Yes <input type="checkbox"/>	
Table Tennis Development Officer <input type="checkbox"/>		Interested? Yes <input type="checkbox"/>	
Table Tennis Networker <input type="checkbox"/>		Interested? Yes <input type="checkbox"/>	
Other (please specify):			
Are you qualified in first aid?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tick any areas you would be prepared to assist the Club with.
Support and training will be provided.

Coaching <input type="checkbox"/>	Practice partner (feeder) <input type="checkbox"/>	Committee work <input type="checkbox"/>
Organizing junior teams <input type="checkbox"/>	Organizing competitions <input type="checkbox"/>	Other administration <input type="checkbox"/>
Finding sponsorship <input type="checkbox"/>	Duty Officer (Tues/Thurs) <input type="checkbox"/>	Building maintenance <input type="checkbox"/>
Finding funding <input type="checkbox"/>	Weekend set-up (Fridays) <input type="checkbox"/>	Equip't maintenance <input type="checkbox"/>
First aid <input type="checkbox"/>	Serving refreshments <input type="checkbox"/>	Umpiring at events <input type="checkbox"/>
Do you have any other skills that the Club may use?		

LOCAL LEAGUE / NJL TEAMS

I would be interested in representing the Club in weekday evening matches in the Slough and/or Maidenhead leagues (see fees payable)
(please tick percentage of matches that you will be available for):

Slough League	100% <input type="checkbox"/>	75% <input type="checkbox"/>	50% <input type="checkbox"/>	Reserve <input type="checkbox"/>
Maidenhead League	100% <input type="checkbox"/>	75% <input type="checkbox"/>	50% <input type="checkbox"/>	Reserve <input type="checkbox"/>
Preferred choice of evening for home matches (please state if either is totally unacceptable)		Tuesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	

I would be interested in representing the Club in the four Saturday sessions of matches in the National Junior League:

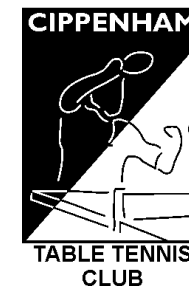
Please tick here (and pay the £12 season fee)

Cippenham Table Tennis Club

(An ETTA registered EXCELLENCE LEVEL *PremierClub*)

Members of:

British League
Women's British League
Veterans' British League
Junior British League
National Junior League
Slough & District League



www.cippenhamttc.co.uk

Venue: Cippenham Table Tennis Centre, The Westgate School, Cippenham Lane, Slough

General Secretary: Graham Trimming, Rosemount, Juniper Lane, Wooburn Green, Bucks, HP10 0DE
Tel: 01628 529609
Email: graham.trimming@cippenhamttc.co.uk

MEMBERSHIP APPLICATION FORM 2007-8

(incorporating ETTA Individual Registration Form requirements)

For players wishing to participate in Club teams for season 2007-8 this is due:

15th July 2007

MEMBERSHIP DETAILS

Family name:		Forename:	
Title: Mr / Mrs / Ms / Miss / Other		Occupation:	
Address:	Gender:	M <input type="checkbox"/>	ETTA Licence No:
		F <input type="checkbox"/>	
	Home Tel:		
Work Tel:			
Mobile Tel:			
County:			
Postcode:			
Email (please print clearly!):		Date of Birth:	

**Annual membership runs from
1 September 2007 to 31 August 2008.**
Members joining after 30 November 2007 pay 10% of stated fee for each month or part-month remaining.

Type of Membership:	Full Annual	Slough/M'head League (each)	Nat'l Junior League	Assoc.	Concessions are available to full-time students and aged 60 and over. Players in the Slough/Maidenhead leagues must pay the Slough/Maidenhead leagues fee in addition to the Full Annual fee. Match fees of £3.50 (£1.75) per match are also payable on the day of each match.
Full Fee:	£15.00	£15.00	£12.00	£3.00	Players in the National Junior League must pay the £12 NJL fee in addition to the Full Annual fee. There are no further match fees. Associate members may play in teams only as a reserve and on no more than four occasions.
Concessions:	£7.50	£7.50	n/a	n/a	

FAMILY MEMBERSHIP

Related persons living at the same address may join as a Family Membership for £25.
Please complete separate forms if it helps with disclosure of data. League fees are additional.

Family name	Forename	Title	Gender	Date of Birth	TT Player?	
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSONAL INFORMATION

With which of the following ethnic groups do you most closely identify?		
White – British <input type="checkbox"/>	Mixed – White and Black – Caribbean <input type="checkbox"/>	
White – Irish <input type="checkbox"/>	Mixed – White and Black – African <input type="checkbox"/>	
White – Any other* <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>	
Asian or Asian British – Indian <input type="checkbox"/>	Mixed – Any other* <input type="checkbox"/>	
Asian or Asian British – Pakistani <input type="checkbox"/>	Black or Black British – Caribbean <input type="checkbox"/>	
Asian or Asian British – Bangladeshi <input type="checkbox"/>	Black or Black British – African <input type="checkbox"/>	
Asian or Asian British – Any other* <input type="checkbox"/>	Black or Black British – Any other* <input type="checkbox"/>	
Chinese <input type="checkbox"/>	Other* <input type="checkbox"/>	

*Please specify "other":

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', with which of the following groups do you most closely identify?		
Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
Learning Disability <input type="checkbox"/>	Multiple Disability <input type="checkbox"/>	Other (specify)
Do you have any disability, which limits your daily activities or the work you can do? (including those due to old age)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any long-term illness or health problem, which limits your daily activities or the work you can do? (including those due to old age)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION

I have read and agree to abide by the Club's rules and codes of conduct.

I agree to the information on this form being stored on computer and being processed in accordance with the Data Protection Act.

Tick box(es) if you do NOT wish to receive unsolicited information:

A: from non-table tennis companies <input type="checkbox"/>	B: from table tennis organizations <input type="checkbox"/>	C: on merchandising from the ETTA <input type="checkbox"/>
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IMPORTANT : In line with the Club's Child Protection Policy please tick this box if it is NOT permitted for any child under 18 listed on this form to be photographed

Signed **Date.....**

For under 16s this form should also be signed by a parent/guardian/carer.

Please hand/send signed form with fee(s) to:

Mr. G. Trimming, Rosemount, Juniper Lane, Wooburn Green, Bucks, HP10 0DE

REMITTANCE ADVICE

Annual Membership	£ .	£15; full-time students and over 60s £7.50; £25 family
Slough/M'head Leagues	£ .	£15; full-time students and over-60s £7.50
National Junior League	£ .	£12 one-off fee for the season
Total	£ .	Please complete the activity survey overleaf