

# EMHFC 100 Club Application Form



Name: \_\_\_\_\_  
(Applicants must be over 16)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Quantity of numbers required \_\_\_\_\_ at £2 per month, preferably by a minimum period of 12 months which equals £24 per number. (Minus £2 per number per draw missed if you are applying later in the year.)

Total Payment enclosed: £ \_\_\_\_\_

Signed: \_\_\_\_\_

- \* Please ensure you fill in all your details above or we cannot allocate you a number in the EMHFC 100 Club.
- \* By signing this form, you are declaring that you have received and accept the rules of EMHFC 100 club
- \* Please return this form with payment to James Hazell or the Club Secretary, Lee Chilvers.
- \* 50% of all money raised from the EMHFC 100 Club will go towards EMHFC, the remaining 50% will be used for the 100 Club prize fund.