|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| school badge white border2.png | **50:50 CLUB APPLICATION FORM** | | | | | | | |
|  | |  |  | | | |  |  |
| Full Name: | |  | | | | | | |
|  | |  |  | | | |  |  |
| Address:  (c/o school if staff) | |  | | | | | | |
|  | |  | | | | | | |
| Phone no: | |  | | | | | | |
|  | |  | | | | | | |
| Email | |  | | | | | | |
|  | | | | | | | | |
| Pupil Contact:  (if applicable) | |  | | CLASS: | |  | | |
|  | |  | | |
|  | |  | |  | |  | | |
| Number of tickets you wish to buy: | |  | | (At £1 per month) | | | | |
|  | | | | | |  | | |
| COMMENCING 1ST DAY OF: (month/year) | |  | | | | | | |
|  | | | | | | |
|  | |  | | | |  | | |
| METHOD OF PAYMENT:  (please circle) | | STANDING ORDER (monthly)  STANDING ORDER (annually) | | | | Cheque  Cash | | |
|  | |  | | | |  | | |
| I confirm I am over 16 years old | |  | (tick) | | |  | | |
|  | |  |  | | |  | | |
| SIGNATURE:  (not necessary if emailing form) | |  | | DATE: |  | | | |
|  | |  | | | |

Please complete this form and email to [stthomasofaquinfundraising@gmail.com](mailto:stthomasofaquinfundraising@gmail.com)

or hand it into the school office in an envelope clearly marked ’50:50 club’

If paying by cheque or cash, please enclose your payment

Cheques should be made payable to ‘ST THOMAS OF AQUIN’S PARENT COUNCIL LOTTERY’