



St Laurence Change Ringers

**St. Laurence
Parish Church
Ramsgate**

Ringling Application Form

FULL NAME _____ (Please Print)

ADDRESS _____

Town _____ County _____ Post Code _____

Tel.No. Home : _____ Mobile No. _____

Email Address _____ Date of Birth ____/____/____ (if under 18)

1. I agree to be bound by and observe the rules of the Tower which are put there for my safety, a copy of which can be obtained on request.
2. Please list below any medical conditions or medication that you feel we should be aware of.

SIGNED _____

Name in Block Letters _____

DATE ____/____/____

In the case of a person under 18 years of age, this form must be countersigned by their parent or guardian

Signature of parent or guardian _____

When completed please bring to Tower on your first visit and hand it in, any further information please email captain@stlaurence-changeringers.co.uk