

APPLICATION FORM

Name:

Address:

.....

Postcode

Telephone:

email:

Annual pass type Toddler Time Anytime

Where did you hear about Aztec Soft Play?

Word of mouth web leaflet other please state



I confirm that my details are correct and if any information changes I will notify Aztec Soft Play. I have read and understood all information detailed within this form and agree to abide by the Rules of Play and terms and conditions overleaf.



I acknowledge that I, or my representative will supervise my children at all times while on the premises.



I would like to receive information about parties, special offers and future events at Aztec Soft Play. Please tick to opt in.

Any information that you do provide will not be passed on to other persons and will only be used for the purpose described above.

Please then confirm how you would prefer to be contacted:

By phone By email By post

Name (Print) Signed Date

Office Use

Date of issue Expiry date

Card number