



PRIDE: In Action Enrolment Form

CUB DETAILS							MEDICAL DETAILS (if applicable)					
Name/s:							Doctor:	Phone:				
D.O.B:		Age:		Any medical conditions?			Yes/No (please circle)					
D.O.B:		Age:		Please specify:								
D.O.B:		Age:										
D.O.B:		Age:										
LOCATION: <input type="checkbox"/> Northern Suburbs <input type="checkbox"/> Southern Suburbs <input type="checkbox"/> Eastern Suburbs <input type="checkbox"/> Western Suburbs												
DAY/S Required:							Address:					
Mon	Tues	Wed	Thur	Fri	Sat	Sun						
Time:												
							Phone Number:					
Do you have a Wild Card?							Yes/No		Do you wish to purchase a Wild Card?		Yes/No	
									Can we photograph your cubs?		Yes/No	

- I give consent for my cub(s) to go on trips with the Pride Lands team.
 I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz) and agree to abide by these terms. **SIGNED:** _____

PARENT/CAREGIVER DETAILS	
Name Parent/Caregiver:	Name Parent/Caregiver:
Phone:	Phone:
Email:	Email:
Address:	Address:
Activities preference:	

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