



## Bradford Bulls Ball Boys & Girls 2009

### APPLICATION FORM

<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b>			
	<b>Post Code</b>		
<b>Telephone</b>		<b>Mobile (parent/guardian)</b>	
<b>E-Mail</b>			
<b>Parent/Guardian Contact Name</b>			
<b>Emergency Telephone (available on match days)</b>			
<b>Are you a season ticket holder? (please circle)</b>	<b>Yes / No</b>		
<b>Please name any friends/relatives who you would like to be in a group with</b>			

No application will be considered without an accompanying medical form.