



**WEALD & DOWNLAND**  
LIVING MUSEUM

**FOR OFFICE USE ONLY**

Date form received:

Further information:

Email acknowledgement:

Membership pack sent:

Sage:

Jan:

May:

September:

Camp:

## Application for membership of the History Gang

Please read carefully all accompanying information including the terms and conditions

Please complete in BLOCK CAPITALS

### Young person's details:

First name

Surname

DOB

Address

Postcode

### Details of parent or legal guardian

Name

Title

Relation to child

Address  
(if different to child)

Home telephone number

Mobile telephone number

Email of adult to confirm  
booking & future correspondence

Parent/legal guardian declaration

I have read and understood the terms and conditions  (please tick)

Signature

Please provide details of two other people who could be contacted on a Saturday in an emergency

1. Name

Relationship to you

Telephone number

2. Name

Relationship to you

Telephone number

#### Medical details/known allergies

Please provide full details, especially if there is medication that they are likely to need to take whilst at the museum (e.g.: using an inhaler to treat asthma)

Please let us know anything else that will help us to care for your child during the sessions

**Method of payment – please tick the appropriate box**

I wish to pay by:

cheque (to be made payable to the Weald & Downland Open Air Museum)

credit/debit card

direct debit

Please debit my Maestro/Visa/Mastercard (delete as appropriate)

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Start date

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Expiry date

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Issue No

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Security code (last 3 digits of number on back of card)

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*Please print this form, fill in and post it to:*  
**History Gang membership**, c/o Education team  
Weald and Downland Open Air Museum  
Town Lane, Singleton, Chichester, West Sussex, PO18  
0EU

**On receipt of this form you will receive confirmation by email  
Places will be allocated on a first-come-first-served basis**