



Brent

1990/1991 Season Ticket

This is an application form, please send this to the address given at the end of the form. If you are applying for a season ticket, please attach a copy of your latest club membership card. In your application send the ticket fee and return it to the club by cheque or cash. If you are applying for a season ticket, you must also attach a copy of your current club membership card. You must also attach a copy of your current club membership card. You must also attach a copy of your current club membership card. You must also attach a copy of your current club membership card.

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Name (last, first, middle)		<input checked="" type="checkbox"/> JUNIOR (FIRST OF NAME)
Name		JULES
Surname		DARREN
Home address (please give full address, including postcode, and telephone number, if applicable. This should be a permanent address, if possible)		
Mailing address (if different from home address)		
City/Town/Village		
County		
Postcode		
Club membership number		
Home telephone number		
Work telephone number (if applicable)		
Date of birth (DD/MM/YY)		
Date of issue (DD/MM/YY)		
Date of expiry (DD/MM/YY)		
Date of payment (DD/MM/YY)		
Date of receipt (DD/MM/YY)		
Date of cancellation (DD/MM/YY)		
Date of transfer (DD/MM/YY)		
Date of death (DD/MM/YY)		
Date of divorce (DD/MM/YY)		
Date of remarriage (DD/MM/YY)		
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LONDON ENGLAND

to the address of the person to whom the goods are to be delivered, and to the person to whom the goods are to be delivered.

Name of the person to whom the goods are to be delivered

16696

Name of the person to whom the goods are to be delivered

Telephone number (if any)

Address (if any)

City (if any)

Postcode (if any)

Country (if any)

(if applicable)

This order is valid only if the order is made in accordance with the conditions of sale and the terms of the contract. It is not valid if the goods are not delivered to the person to whom they are to be delivered.

546 HIGH ROAD WEMBLEY,
WEMBLEY, HA0 2AA

Please print or type in full the name and address of the person to whom the goods are to be delivered. If you please enter the telephone number of the person to whom the goods are to be delivered.

Telephone number

16696

Name of the person to whom the goods are to be delivered

This order is valid only if the order is made in accordance with the conditions of sale and the terms of the contract. It is not valid if the goods are not delivered to the person to whom they are to be delivered.

Please print or type in full the name and address of the person to whom the goods are to be delivered.

RESTAURANT, BAR, EVENT SPACE

Please print or type in full the name and address of the person to whom the goods are to be delivered.

55th YEAR OLD BIRTHDAY
CELEBRATION (TICKETED)

Section 1: Personal Details

Please state the household address that you wish to be used for delivery of the premises (please state all flat numbers, including any flats you wish to carry on). (Please read note 6)

Address: 15104

Do you wish to be contacted by mail? Yes No

Do you wish to be contacted by telephone? Yes No

Do you wish to be contacted by text message? Yes No

Do you wish to be contacted by email? Yes No

Please state the date on which you wish to be contacted for the first time. (Please read note 6)

21/08/21 - 22/08/21

Please state the time period during which you wish to be contacted for the first time. (Please read note 6)

21:30 - 03:30

Please state the number of people in your household, including those who are present at the premises during the time stated. (Please read note 6)

Number of people in household: **220**

Do you wish to be contacted by mail? Yes No

Do you wish to be contacted by telephone? Yes No

Do you wish to be contacted by text message? Yes No

Please state your preferred method of contact. (Please read note 6)

Preferred method of contact: Mail Telephone Text message Email

Please state your preferred time of contact. (Please read note 6)

Preferred time of contact: Morning Afternoon Evening

Section 2: Contact Details

Do you own the land or hold a leasehold interest in it? Yes No

If "Yes", please state the title of your leasehold interest.

Leasehold title: **BRENT**

Leasehold number: **15104**

Any further relevant details:

<p>Have you been directly involved in temporary event activities in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>If asked about you, please indicate whether you have been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>If asked about you, please indicate whether you have been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>

<p>Has any member of your family or household been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>If asked about you, please indicate whether you have been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>If asked about you, please indicate whether you have been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>Has any member of your family or household been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>If asked about you, please indicate whether you have been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>If asked about you, please indicate whether you have been directly involved in the event (for example, as a member of staff or as a volunteer) in support of any political party or political group, or either side of a political party, in the event period (which you also have to declare this temporary work as)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>

1. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input checked="" type="checkbox"/>
2. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
3. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
4. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
5. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
6. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
7. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
8. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
9. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input type="checkbox"/>
10. Provide a copy of the contract to the local authority for the area in which the premises are situated	<input checked="" type="checkbox"/>

I hereby warrant that the above information is true and correct to the best of my knowledge and belief.

The information contained in this form is submitted to the local authority for their use and is not to be disclosed to any other person without the consent of the local authority.

Signature	D. Jules
Date	05/08/21
Name of the signatory	DARREN JULES

I hereby warrant that the above information is true and correct to the best of my knowledge and belief.

Signature	
Date	
Name of the signatory	

