

GAKM Singles ball application form

Saturday 21st November 2009

First Name	
Surname	
Address	
Date of Birth	
Gender	MALE / FEMALE (please circle)
Contact numbers	
Email address	
Agreement signature	I agree to the terms and conditions available on www.gakm.co.uk/singlesball

Once you have fully completed the above, please send this form with a cheque payable to "G.A.K.M UK" and sent to Mr V Parmar, 11 Hollyhurst Grove, Solihull, B90 2RD.

Please ensure that you put your name, address and contact number on the reverse.

If you wish to buy more than one ticket, please complete one form per ticket.

Full terms and conditions and more information available at www.gakm.co.uk/singlesball