

Application to join the IMPS MCDT.

- This form must be completed by a Parent or Carer.
- Completing this form does not constitute an offer of a place in the Team but ensures parents and Applicants will be invited to a presentation about team membership following which parents can make an informed decision.
- Failure to attend the presentation will automatically cancel the application.
- Once completed, please post this form to: **The Director, IMPS MCDT, The IMPS Base, off Folkstone Rd, Newham, London, E6 6DJ.**

Name of person completing the form: _____

Relationship to Applicant: _____

Full Name of Applicant: _____

Applicant's Date of Birth: _____

Full Address including PostCode: _____

Contact Telephone Number: _____

How did you hear about The IMPS:

- Website
- Saw the Team at a Show
- Have a friend in the Team
- Parent is a past member of the Team
- Other:

Parent/Carer Signature: _____

Date: _____