

Return to:
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School category:	<input checked="" type="checkbox"/>	as appropriate
Junior	<input type="checkbox"/>	
Primary	<input type="checkbox"/>	
Secondary	<input type="checkbox"/>	
Special	<input type="checkbox"/>	
State	<input type="checkbox"/>	
Private	<input type="checkbox"/>	
LEA	<input type="checkbox"/>	

Doc Ref: ApfmSchool0911

APPLICATION FORM for an Imagineering Club

School: _____

Address: _____

Postcode: _____

Tel: _____ Fax: _____ mobile: _____

Email: _____

Head Teacher: _____

Contact Teacher: _____ Position in School: _____

Proposed Age group of Children: _____ Number of Children (≤ 12): _____

Type of Club Junior Engineering or Inter-Engineering

Preferred Club Day _____ at time _____

Alternative Club Day _____ at time _____

Will you be involving volunteer engineers or others in support of your Club ? **Yes** **No**

As an Imagineering Club, we also recommend joining Young Engineers for additional benefits.
See www.youngeng.org Club Network.

Additional remarks:

The above information will be held on a database with restricted access for use only in connection with Imagineering Foundation related activities.

Signed _____ Date _____