



600 Club

Registration form

Name _____

Address _____

Phone No. _____

Email _____

Number of entries _____

Payment method:-

Monthly* One year Two years Please tick box

*Please complete a Mandate form

Signature _____ Date ___/___/___

Please make Cheques payable to: **NRHA**

Send to:

**600 Club Draw
42 Croft Lane
Letchworth
SG6 1AP**