



Expression of Interest in Joining GAMA Youth

Child's name _____

Date of birth ____/____/____

Gender: Male [] Female [] (*Please tick one*)

Address _____

Postcode _____

Name of Parent / Guardian _____

Relationship to child _____

Address (if different from above)

Postcode _____

Telephone number _____

Mobile number _____

Please send to the GAMA Youth Secretary
Dorothy Woolley, 5 Beechwood Drive, Glenrothes, KY7 6GE