



Registration Form
Please complete in BLOCK CAPITALS

Customer Name: Title: First Name:..... Surname:

Address:

..... Postcode:

Home Tel No.: Mobile No.:.....

Email:

Allotment Address:	
.....	
Plot No.:	Have your allotments formed a Club/Association? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Contact details of Club/Association:	
.....	
.....	

If you share your allotment, would you like an extra card? Quantity (max. 4)

The successful operation of this scheme will involve regularly updating our Allotment Grower customers with new additions and product news. We prefer to transmit this information by e-mail. Kindly advise if you agree to receive these periodically by Email or by Post

Adrian Hall Ltd. assure you that your information will not be passed to any Third Party.

I confirm receipt of a copy of the terms and conditions relating to the Adrian Hall "Allotment Grower Plus" Scheme, and agree to conform to them.

Signed:..... Date:

<i>For office use:</i>	
Account No.:	A/C Type:
Card No.:	Entered by:
Identity Code:	Date Entered:

Please return completed form to: The Garden Centre, Snakey Lane, Feltham, Middlesex, TW13 7ND