

RIVIERA TWIRLSTARS SUPPORTERS CLUB

NAME _____

ADDRESS _____

CONTACT NO. _____

**I would like to join the supporters club and pay annually, 6 monthly, monthly.
(delete as appropriate).**

Enclosed £

Please make cheques payable to Riviera Twirlstars.

RIVIERA TWIRLSTARS SUPPORTERS CLUB

NAME _____

ADDRESS _____

CONTACT NO. _____

**I would like to join the supporters club and pay annually, 6 monthly, monthly.
(delete as appropriate).**

Enclosed £

Please make cheques payable to Riviera Twirlstars.