

Application Form

Please complete this form in clear handwriting and post to the address at the bottom of this page (no stamp is required).

First Name **Surname**

Address

Postcode **School/College**

Telephone **email**

If you are aged under 16, please provide your parent or guardian's telephone number and email address, and ask them to sign the form below.

Date of Birth / / **Signature**

I am applying for: YOzone **11-16** card
 YOzone **16-18** card - to replace my expired YOzone 11-16 card
 YOzone **16-18** card - I have never had a YOzone 11-16 card

I have enclosed: A passport-sized photograph (write your name on the back)
 Proof of age (eg. a photocopy of your birth certificate)

By completing this form you authorise City of York Council to verify your details against the current student roll. If you have any queries please call (01904) 551670.

Please note that a £10 replacement fee will be charged for lost YOzone cards.

Return the completed form to:

**YOzone,
FREEPOST RTEG – TYYU - KLTZ
City of York Council,
West Offices, Station Rise,
York YO1 6GA**

For Office Use Only	
Application No.	<input type="text"/>
Date Entered	<input type="text"/>
Staff Member	<input type="text"/>