



WHIPSTOCK GRANGE ENROLMENT FORM

NAME.....PSEUDONYM.....

ADDRESS.....

.....Date of birth.....

E-mail.....Phone.....Mobile.....

Please answer the questions with a tick as it will help us to make your school day memorable.

Please indicate how you would like to be contacted. Home address.....E-mail.....Phone.....

What age would you like to play during your day at Whipstock Grange.

Do you already participate in any form of corporal punishment activity. Yes.....No.....

If yes at what level would you say you like to receive punishment Mild.....Medium.....Hard.....

Is it a problem for you to have punishment marks on your bottom. Yes.....No.....

After a reasonable warm up would you like your limits to be pushed a little. Yes.....No.....

Do you like a mild spanking on top of your thighs. Yes.....No.....

Please put a cross on any implement you can't take. Slipper.....Paddle.....Strap....Cane.....Birch.....

Apart from the schoolmistress would you like to be punished by the Headmaster. Yes.....No.....

If yes please indicate which punishment/s. Spanking.....Slipper.....Strap.....Cane.....

Do you suffer from low blood pressure or any other ailment which may cause dizziness if you are bent over. Yes.....No..... Are you on any medication which may hamper your role play or capability to receive corporal punishment. Yes.....No.....If yes to either of the last two questions please explain

I the undersigned apply to become a member of Whipstock Grange, I am over 18 and while on your premises I agree to receive corporal punishment, not to partake in any sexual act whatsoever, not to bring or use any form of illegal drugs, not to use any form of visual and or audio recording devise.

Signed.....Print name.....Date.....