



CHRISTMAS TRAINING CAMP 2011

Tuesday 27th December to Friday 30th December 2011

AT ROSS PEERS SPORTS CENTRE, SOHAM, CAMBS

CHILDS FULL NAME:

ADDRESS:.....
.....
.....

HOME TELEPHONE: MOBILE:

EMERGENCY CONTACT NUMBERS:
.....
.....

EMAIL ADDRESS:

DATE OF BIRTH: T SHIRT SIZE

OUTFIELD/GOALKEEPER *Delete as appropriate CLUB:

GP NAME, ADDRESS AND PHONE NUMBER:

PLEASE GIVE DETAILS OF MEDICAL CONDITIONS WE SHOULD BE AWARE OF:
.....
.....
.....

PLEASE BE AWARE THAT YOUR CHILD'S PLACE ON THE CAMP WILL ONLY BE SECURED ONCE THE £50 DEPOSIT HAS BEEN RECEIVED.

THE £50 DEPOSIT IS NON REFUNDABLE BUT CAN BE USED AS A CREDIT AGAINST FUTURE CAMPS IF THERE IS AN ACCEPTABLE REASON FOR CANCELLING THE BOOKING.

PARENT/GUARDIAN SIGNATURE:

PRINT NAME: **DATE:**