



CHRISTMAS TRAINING CAMP 2014



Saturday 27th December to Tuesday 30th December 2014
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 CLUB:

OUTFIELD / GOALKEEPER *Delete as appropriate

ATTENDANCE SAT SUN MON TUE *Please circle as appropriate No of days attending

GP NAME, ADDRESS AND PHONE NUMBER:

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

Places on the camp will be allocated with a priority for those wishing to attend all 4 days, after that any remaining places will be allocated accordingly.

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:

Total Fee Payable : 1 day £50.00	
Total Fee Payable : 2 days £87.50	
Total Fee Payable : 3 days £125.00	
Total Fee Payable : 4 days £150.00	

Payments Received		
Deposit		