



SUMMER TRAINING CAMP 2016



CAMP 1: Friday 5th August to Monday 8th August 2016

CAMP 2: Friday 12th August to Monday 15th August 2016

AT ROSS PEERS SPORTS CENTRE, SOHAM, CAMBS

CHILDS FULL NAME:

ADDRESS:.....

.....

HOME TELEPHONE: MOBILE:

EMERGENCY CONTACT NUMBERS:.....

EMAIL ADDRESS: in capitals:.....

DATE OF BIRTH: CLUB:

OUTFIELD/GOALKEEPER *Delete as appropriate

ATTENDANCE No of days attending

FRI SAT SUN MON *Please circle as appropriate, if less than all 4 days only

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	

T Shirt Size (Please tick)	
Adult XL	Age 11 to 12
Adult L	Age 9 to 10
Adult M	Age 7 to 8
Adult S	Age 5 to 6