



SIMPLY FOOTBALL

Children's Holiday Courses

Application Form

Date of Course **Venue**

Full Name

Address

..... **Post Code**

Telephone (Mobile)..... **Home**

Date of Birth **Age**

Do you suffer any illness or disabilities? Yes/No

If Yes give details.....

DECLARATION OF PARENT OR GUARDIAN

I WISH MY SON/DAUGHTER TO BE ACCEPTED ON THE ABOVE COURSE

WE WANT YOU TO FEEL CONFIDENT ABOUT THE PRIVACY OF YOUR PERSONAL INFORMATION, SO ALL THE DETAILS WE HOLD ARE PROTECTED BY OUR STRICT PRIVACY POLICY.

I ENCLOSE CHEQUE PAYABLE TO SIMPLY FOOTBALL £.....

NAME..... **SIGNATURE**

DATE

DO YOU OBJECT TO PHOTOGRAPHS BEING TAKEN OF YOUR CHILD?

Yes/No

**PLEASE RETURN THIS FORM AND PAYMENT TO: Simply Football John Flatters
Frogmore, Yeovil Road, East Coker, Yeovil, Somerset BA22 9HD.
07772872938**

or

**Hon Secretary Sandra Robinson 7 Castle Rise Castle Cary BA7 7ND
07970219003**



E Mail
JohnFlatters@tiscali.co.uk
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