



1884 · FAVERSHAM TOWN FOOTBALL CLUB · 2009

SOCCER SCHOOL

Monday 17th to Friday 21st August 2009, 10am to 3pm

ENTRY FORM

Personal Details

Child's Name

Address

.....

.....

..... Post Code

Date of Birth (dd/mm/yyyy) / /

Home Phone Number

Emergency Contact Numbers

Cost for the week is £35. Cheques made payable to **Faversham Town Football Club**

Medical Declaration

Does your child suffer from any medical condition that will require treatment or medication? YES/NO (delete as appropriate)

If YES please give details.

.....

Signed (parent/guardian)

Date

Please send completed entry form with payment to:

Faversham Town FC, c/o Tony Gray, 33 Ashford Road, Faversham, Kent ME13 8XN

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