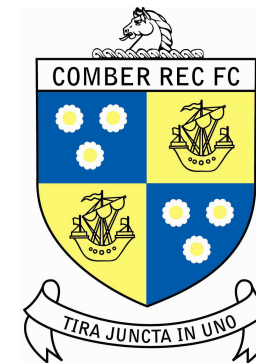


Comber Rec Mini Soccer School



NAME OF PARENT/GUARDIAN

ADDRESS POSTCODE

PHONE NUMBER

MOBILE PHONE NUMBER (ESSENTIAL)

EMAIL ADDRESS.....

NAME OF CHILD

DATE OF BIRTH

NAME OF SCHOOL

DETAILS OF ANY HEALTH PROBLEMS/ALLERGIES

.....

SIGNED BY PARENT/GUARDIAN

I enclose a cheque for the sum of £25 made payable to: COMBER REC YOUTH

Please Return Completed Forms To: Comber Rec Youth, 15 Castlehill, Comber, BT23 5XA

(Text message/Email will be sent to confirm receipt of application and place)

All Application Forms to be returned by **Friday 4TH April**