



SUMMER TRAINING CAMP 2012



CAMP 1: Friday 3rd August to Monday 6th August 2012

CAMP 2: Friday 10th August to Monday 13th August 2012

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

OUTFIELD / GOALKEEPER *Delete as appropriate CLUB:

GP NAME, ADDRESS AND PHONE NUMBER:

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

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:**