



Affiliated to the Sussex County Football Association



Application form for A1 Soccer Schools

Parent/Guardian:

Childs Name:

D.O.B.:

Address:

Phone Number:

Email Address:

What School they attend:

Dates you want your child to attend:

Are there any other friends coming to the soccer school? If so who?:

.....

Do you prohibit any photos we take to be used on our website and magazine?: YES NO

Do you want your children to attend the A1 Soccer School Afters Club?
If so which days and how long? (£10 per child to 5.30pm latest)

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Signing this form below means you understand that we require 28 days notice for cancellation of your child's place on any weeks attending or you will lose your deposit.

**Please fill out below and return this form to our office:
14 Chichester Drive West, Saltdean, East Sussex, BN2 8SH**

Print Name:

Signature: Date:

