

CHILD/PARENT INFORMATION



NAME (CHILD) _____ SURNAME (CHILD) _____
ADDRESS _____
POSTCODE _____
DATE OF BIRTH _____ MEDICAL INFO _____
PARENT/GUARDIAN CONTACT NAME & NUMBER 1 _____
PARENT/GUARDIAN CONTACT NAME & NUMBER 2 _____
PARENT/GUARDIAN EMAIL _____

WHAT TO BRING

FOOTBALL BOOTS, TRAINERS, SHIN PADS, WATERPROOFS, DRINKS, PACKED LUNCH

HOW TO BOOK



VIA: [EMAIL ADAM@AJDFOTBALLCOACHING.COM](mailto:ADAM@AJDFOTBALLCOACHING.COM) TEL 07747 626466

POST 112 GARRATTS WAY, HIGH WYCOMBE, BUCKS, HP13 5XZ

AGFC CONTACTS ROB SHED, CHAIRMAN & MATT BRADES, JUNIOR TEAMS MANAGER

BOOKING DETAILS

COURSE NO. HG-01 NO. OF BOOKINGS _____ TOTAL _____ PAYMENT TYPE (CIRCLE): BANK TF CASH CHEQUE

HOW TO PAY

PAYMENT: CASH OR CHEQUE PAYMENTS MADE PAYABLE TO AJD FOOTBALL COACHING.

BANK TRANSFER : ACC NO. 13985057 SORT CODE: 23-05-80 REF: CHILDS SURNAME & COURSE CODE

REFUNDS:

REFUND WILL ONLY BE GIVEN IF AJD FOOTBALL COACHING CANCELS THE COURSE; OR IS NOTIFIED OF WISH FOR CANCELLATION VIA EMAIL BEFORE THE COURSE START DATE.