

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 **TEL** 07747 626466
POST 112 GARRATTS WAY, HIGH WYCOMBE, BUCKS, HP13 5XZ
CLUB ASSISTANCE DANIEL NORTH (CLUB CHAIRMAN)



BOOKING DETAILS

COURSE NO. **CC-01** **NO. OF BOOKINGS** _____ **TOTAL** _____ **PAYMENT TYPE (CIRCLE):** BANK TF CASH CHEQUE
CC-02

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.