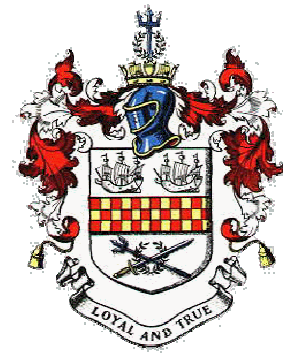


Chatham Town FC Soccer School



Entry Form

Personal Details

Child's Name

Address.....

.....

.....Post Code.....

Date of Birth (dd/mm/yy)...../...../.....

Home Phone Number.....

Emergency Contact Numbers.....

Cheques should be made payable to **Chatham Town Football Club**

Medical Declaration

Does your child suffer from any medical condition that will require treatment or medication?

YES/NO (delete as appropriate)

If YES please give details.....

.....

Signed (parent/ guardian)

Date.....

Please send completed entry form with payment to:

Mrs Walker
25 King Street
Gillingham
Kent
ME7 1EP
Telephone 01634 317493 for more details