

2017 GIRLS ONLY CLINIC REGISTRATION FORM

U9 -U16 Age group

Tuesday & Wednesday July 11th & 12th 2017

10:30am to 12:30pm

Player's name: _____ Age group: _____ Birth Date: _____

Player's Monbulk Rangers team if applicable: _____

Emergency Contact: _____

Tel: _____ Mobile: _____

Email: _____

DAY 1 (11th) DAY 2 (12th) - Please tick relevant box(es)

In case of emergency, accident or illness involving my child, I give permission for one of the Monbulk Rangers Soccer Club organisers present, to seek medical attention and I agree to pay any costs incurred.

SIGNED: _____ Date: _____

Venue: Monbulk Regional Soccer Facility,
121 Old Emerald Road, Monbulk

Cost: \$20 per day (\$30 for both days)

Email to: sampete6@gmail.com

Club Use Only:

Amount Paid: _____

Date: _____

Signed: _____

For more information please contact Samantha
Wilson via her mobile or email,
0448 819 368
Sampete6@gmail