

SUMMER SOCCER CAMPS BOOKING FORM

**Week 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Tues | Weds | Thur | Fri |
| 26th Aug | 27th Aug | 28th Aug | 29th Aug |
|  |  |  |  |

Please ensure that you mark in the box for the days you wish to book

NAME:……………………………………………………AGE………………

Mobile Contact …………………………………..

Email: …………………………………………………………………

Any known medical conditions ……………………………………………………………………………………

Payment can be made Saturday mornings at Soccer school

Or online bacs transfer:

Parkfield Youth FC Acc 49380046 Sort Code 23-05-80

Please use boy or girls surname as reference

For further details please call 07545 122 346

or email: chairmanpyfc@gmail.com