

Pro-Soccer 5-a-side
 Rouken Glen Park
 Rouken Glen Road
 Glasgow
 G46 6UG



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5-A-SIDE JUNIOR GRAND PRIX LEAGUE APPLICATION FORM

When would you like to play? Fri Sat Sun *(Please Circle)*
 Preferred time of play? _____ *(dependant on availability)*

TEAM NAME: _____

TEAM ORGANISER'S DETAILS

PARENT / GUARDIAN DETAILS

Name: _____
 Address: _____

 Post Code: _____
 Home Tel: _____
 Mobile Tel: _____
 Email: _____
 Date of Birth: _____
 Favorite Team: _____

Name: _____
 Address: _____

 Post Code: _____
 Home Tel: _____
 Work Tel: _____
 Mobile Tel: _____
 Email: _____
 Date of Birth: _____

SQUAD MEMBERS

	Player Name	Date of Birth	Players Address	Phone Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

On occasions we may be running promotions, events and other activities we would like your team to hear about.
 If you **don't** want us to get in touch with your team, tick here:

PARENT / GUARDIAN DECLARATION

I, the parent responsible for this team, commit any player of the said team to abide by every aspect of the 'Pro-Soccer Rules of League Play', including all cancellation, postponement & withdrawal policies. I am fully aware that I am personally liable for any financial losses incurred by Pro-Soccer due to the said teams failure to fulfill any fixture and that all Pro-Soccer management decisions are final. I confirm that I am over eighteen years of age.

Parents Signature: _____* **Date:** _____*

FOR OFFICIAL USE ONLY **£7.50 Registration Fee Required**

£7.50 registration fee received by: _____
 Two forms of address provided: _____

Lg Entered: _____
 Div: _____
 Start Date: _____

