

Pro-Soccer 5-a-side
 Rouken Glen Park
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 Glasgow
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5-A-SIDE ADULT LEAGUE APPLICATION FORM

When would you like to play? Mon Tue Wed Thu Fri Sat Sun (day) Sun (eve)
 Preferred time of play? _____ (dependant on availability)

TEAM NAME

TEAM ORGANISER'S DETAILS	DEPUTY ORGANISER'S DETAILS
Name: _____	Name: _____
Address: _____	Address: _____
Post Code: _____	Post Code: _____
Home Tel: _____	Home Tel: _____
Work Tel: _____	Work Tel: _____
Mobile Tel: _____	Mobile Tel: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Industry: _____	Industry: _____
Favourite Team: _____	Favourite Team: _____

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:

TEAM ORGANISER DECLARATION

I, the aforementioned 'Team Organiser', 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 fulfil any fixture and that all Pro-Soccer management decisions are final. I confirm that I am over eighteen years of age.

Team Organiser's Signature: _____ * Date: _____ *

FOR OFFICIAL USE ONLY £15 Registration Fee Required

£15 registration fee received by: _____	Lg Entered: _____
Two forms of address provided: _____	Div: _____
_____	Start Date: _____

