

AFTER SCHOOL FOOTBALL

Registration Form

Jan - Feb 2020



WFA
wilmslowfootballacademy



Boys and girls of all ability welcome!

Players will need to wear kit suitable for all weather with shin pads, football boots and trainers. To book your child onto the relevant course, complete the form below and return it to the school office with correct payment (see table).

SCHOOL	CODE	SCHOOL YEAR	DAY & TIME	DATES	PRICE
Ashdene	ASH	Rec to year 6	Mon 3.20 - 4.30	13th Jan - 10th Feb	£32.50 (5 Weeks)
Wilmslow Academy	W.A	Rec to year 6	Mon 3.20 - 4.30	6th Jan - 10th Feb	£39.00 (6 Weeks)
Fulshaw St. Annes	F.S.A	Rec to year 6	Mon 3.20 - 4.30	6th Jan - 10th Feb	FOC this Half term
Gorsey Bank	G.B	Year 1 to year 6	Tues 3.20 - 4.30	7th Jan - 1th Feb	£39.00 (6 Weeks)
Mobberley	MOB	Year 1 to year 6	Wed 3.20 - 4.30	8th Jan - 12th Feb	£39.00 (6 Weeks)
Ashdene Girls	ASH.G	Year 1 to year 6	Thu 3.20 - 4.30	9th Jan - 13th Feb	£39.00 (6 Weeks)
Mobberley Girls	MOB. G	Year 1 to Year 6	Thur 12.15 - 1.00	9th Jan - 13th Feb	£39.00 (6 Weeks)
Styal	STY	Rec to year 6	Thu 3.20 - 4.30	9th Jan - 13th Feb	£39.00 (6 Weeks)
Lindow	LDW	Rec to year 6	Thu 3.20 - 4.30	9th Jan - 13th Feb	£39.00 (6 Weeks)

m: 07792 791382 e: erik@academyfootball.co.uk a: 53 Moor Lane, Wilmslow SK9 6BQ

Wilmslow Football Academy After School Football Club Jan – Feb 2020



I hereby consent to my child _____ from Year _____

To take part in football training with WFA and enclose full payment (see table for prices).

Cheques made payable to Wilmslow Football Academy.

Please indicate which after school club your child will attend by ticking the box:

- Ashdene
 Wilmslow Academy
 Styal
 Mobberley
 Gorsey Bank
 Lindow
 Fulshaw St. Anne's
 Ashdene Girls
 Mobberley Girls

This must be handed into school office for payment method prior to 1st session.

PAYMENT TYPE: CASH ONLINE (see bank details below) CHEQUE

PLEASE ADD REFERENCE FOR ONLINE PAYMENTS: (Childs surname and school code from column above)

E.g. J. Smith G.B

Account: 31457993. **Sort:** 40 46 36. **WFA**

Emergency Contact No. _____ Name _____

Email Address _____ Signed _____

Any medical conditions please state here and provide details overleaf if necessary: