



NAME OF CHILD:						
AGE:	GENDER: N	Л F	NO	N-BINAF	RY	
NAME OF PARENT/GUARDIAN	:					
PARENT/GUARDIAN TEL. NO:						
PARENT/GUARDIAN EMAIL AD	DDRESS:					
DETAILS OF ANY ALLERGIES/	MEDICATION					
PLEASE INDICATE DAYS OF A	TTENDANCE:	ARE	YOU AN	FCC MEN	MBER?	
TUE 19 AUGUST		YES				
WED 20 AUGUST		NO				
DAVAGNIT						

PAYMENT:

1 DAY = £30 MEMBERS / £35 NON-MEMBERS BOTH DAYS = £60 FCC MEMBERS / £70 NON-MEMBERS

PLEASE TRANSFER APPROPRIATE PAYMENT TO:

FINDON CRICKET CLUB

09-01-54

2660 4482

