



LEAD PERSON/CONTACT FORM FRIDAY NIGHT YOUTH 6-A-SIDE LEAGUE

TEAM NAME

Accepting full responsibility

I accept full responsibility on behalf of my team to fulfil all fixtures as set out by the organisers and I agree to abide by the rules of the competition. I confirm that I am aged over 18 (otherwise this form must be completed by a parent or guardian). Once accepted into the league a handbook with the full & complete rules & regulations will be sent to you approximately 1 week before the season commences.

Signed:

Date:

Print Name:

Address:

Postcode:

Phone:

Mobile:

Email:

**PLEASE RETURN THIS PAGE WITH THE INDIVIDUAL PLAYERS REGISTRATION FORMS
TO THE ADDRESS BELOW.**

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