

MEMBERSHIP APPLICATION FORM 2008/2009

I hereby sign on to Twin Oaks Football Club for the season 2008-2009.

I have read and understood the Clubs Constitution and Code of Conduct.

I enclose a cheque payable to Twin Oaks Football Club for the sum of £25, which is non-refundable.

(Please complete in block capitals)

PLAYERS NAME:

PLAYERS D.O.B:

____/____/____

SCHOOL
ATTENDING:

PARENTS NAME:

ADDRESS:

PARENTS SIGNATURE:

PLAYERS SIGNATURE:

PLEASE RETURN TO THE ADDRESS BELOW

129 Hawkins Road, Tilgate, Crawley
West Sussex, RH10 5NP

T: 01293 560762
E: enquiries@twinoaksfootball.co.uk
W: www.twinoaksfootball.co.uk

