

Dobcross Village Olympics 2009



SURNAME:.....

FIRST NAME:.....

ADDRESS:.....

HOME TEL. NO:..... MOBILE:.....

EMAIL:.....

DATE OF BIRTH:.....

Age on
1 Sept '09

I have read and understood the limited insurance cover available and give consent for my child/ren to take part in the training sessions and events.

SIGNATURE OF PARENT/GUARDIAN:

I DO NOT WANT my child/ren to be identified in photographic images.
(tick box to decline)

Fee Collected by: (Initials)	£2 (reg fee)	£4 (t-shirt only)	£5 (t-shirt & reg fee)
			Data entered:

✂ -----

T-SHIRT ORDER

To Pay / Paid for

NAME:.....

SIZE REQUIRED

7-8 yrs 9-11 yrs 12-13 yrs 13 + yrs (M) 14+ yrs (L) 15+ yrs (XL)

COLLECTION DETAILS

School Training session Other
Please specify