|  |  |  |  |
| --- | --- | --- | --- |
| **School Name:** |       | **Region:**  | **London & South East** |
| **Age Group:**(please check one box) | U19[ ]  | U16[ ]  | U14[ ]  | U13[ ]  | U12[ ]  | **Kit Colours:** |       | & |       |

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|  | **Playing Position** | **Name** | **D.O.B.** | **School Contact Address** |
| **1** | **GK** |  |  |  |  |  |
| **2** | **GD** |  |  |  |  |  |
| **3** | **WD** |  |  |  |  |  |
| **4** | **C** |  |  |  |  |  |
| **5** | **WA** |  |  |  |  |  |
| **6** | **GA** |  |  |  |  |  |
| **7** | **GS** |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  | **School Affiliation Number** |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **COACH** |  |  |  |  |
| **MANAGER** |  |  |  | **Phone:**  |
| **PRIMARY CARE PERSON** |  |  |  |  |
| **TEAM OFFICIAL** |  |  |  | **Phone:** |
| **TEAM OFFICIAL** |  |  |  |  |
| **SCORER** |  |  |  |  |
| **EMERGENCY CONTACT** |  |  |  | **Phone:** |

|  |  |
| --- | --- |
| Coach to sign to confirm validity of information provided on this page |  |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Coach/Teacher) agree that all the players named above have given consent for close range photography for this competition. |