



AMSoccer St Andrews Cup 2018



Team application

Club/Team Name:	
League Name:	
Primary Shirt Colour:	
Secondary Shirt Colour:	
Team Website:	
Age Group (year of birth)	
Gender:	

Coach Details

Name:	
Address:	
Postcode:	
Tel:	
Mobile:	
Email:	

First Aider

Name:	
Address:	
Postcode:	
Tel:	
Mobile:	
Email:	

Suggested ability: To maximise every child's experience please advise on the collective ability of your team: **Below Average** [] **Average** [] **Above Average** []

Please select the relevant Tournament

Friday 10th August 2006 Teams - 11 aside - £135 per team (**Development**)
 Saturday 11th August 2005 Teams - 11 aside - £135 per team
 Sunday 12th August 2004 & 2003 Teams - 11 aside - £135 per team

Please find enclosed payment of £_____ Cash [] Cheque [] payable to **AMS**
Please be aware that confirmed entries cannot be refunded in event of a team withdrawing.

A photographer/ Video operator will be present to take images of the tournament. Please indicate if you do/ do not wish for you team to be used in future publications.

Signed: Date:

Please return payment to: AMS, Cuparmuir Industrial Estate, Cuparmuir, Cupar, Fife, KY15 5RL, TEL: **01334 657790** Email : lindsaysharp@amsoccerclub.org