



AMSoccer St Andrews Cup 2017



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 11th August** 2005 Development Festival - 11 aside - £125 per team
- Saturday 12th August** 2004 & 2002 Tournament - 11 aside - £125 per team
- Sunday 13th August** 2003 & 2001 Tournament - 11 aside - £125 per team

Please find enclosed payment of £_____ Cash [] Cheque []

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: AMSoccer, Cuparmuir Industrial Estate, Cuparmuir, Cupar, Fife, KY15 5RL, TEL: 01334 657790 EMAIL: lindsaysharp@amsoccerclub.org

Important : Please note that entries that are withdrawn cannot be refunded.