



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 festival

Friday 3th August 2009 Teams - 7 aside - £85 per team
 Saturday 4th August 2008 Teams - 7 aside - £85 per team
 Sunday 5th August 2007 Teams - 7 aside - £85 per team

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

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