

Pre Season 5's Challenge Cup

APPLICATION FORM

(Please tick your preferred qualifying event you would like to enter)

Qualifier 1: Tuesday 22nd August
Kick off 6:30pm

Qualifier 2: Wednesday 23rd August
Kick off 6:30pm

Team Name			
First contact			
Address			
Postcode			
Email address:		Fax:	
Contact numbers		Eve:	

Players Name	Address	Postcode	D/O/B	Contact Tel:

Please complete and sign this form with full payment to: Soccer Sensations Hull, Poorhouse Lane, Craven Park, Hull, HU9 5DF Tel: 01482 706333 – Fax: 01482 702289

Credit/Debit Card Number: _____ Expiry Date: _____

Issue No. (Maestro) _____

A Credit/Debit card is required to secure entries for those entries that can not send a cheque or pay cash at the venue. Cards will only be processed should you fail to attend or if authorisation is given to pay the entry fee.

“I have read & understood the playing & tournament administration rules & agree to adhere to them.

Signature: _____ Date: ___/___/___