

## **REGISTRATION FORM**

Welcome to the Lancashire junior soccer leagues, in association with the Professional Footballers Scouts Association. We are confident that all the players will thoroughly enjoy playing in one of the fastest growing development leagues in Lancashire. We wish everybody success but most importantly that everyone who takes part has fun and plays with a smile.

1. Please II in this form with as much information as possible.

- 2. You submit the form to Lancashire Junior Soccer Leagues for approval.
- 3. Lancashire Junior Soccer Leagues will contact you to con rm your form has been received and to discuss your teams start date.

Manager / Coach	ı	Б.,	
Name		Date:	D D M M Y Y Y
Dear Sir, I/We are applying to register the Lancashire Junior Soccer League. (use CAPITAL letter)			
Team Name:		Shirt C	Colour:
Leagues to enter: Under 7 Under 8 Under 9 Under 10 Under 11 Under 12			
CTAFF INICODMATION			
STAFF INFORMATION			
Staff 1:		Staff 2:	
Date of Birth		Date of Birth	
Address		Address	
Town	Postcode	Town	Postcode
County		County	
E-mail		E-mail	
Phone		Phone	
DECLARATION			
Please sign and complete the boxes below to confirm:			
<ol> <li>You are over 18</li> <li>You have read the terms and conditions</li> <li>You agree to pay for the event package</li> </ol>			
By signing this team entry form you are accepting the o er to enter into this agreement on the terms and conditions set out and you will abide by the rules.			
Name	Si	igned	Date