



LIVERPOOL SOCCER SCHOOLS - REGISTRATION FORM

DETAILS OF PARTICIPANT	
Name	
Surname	
Date of Birth	
Age at time of Camp	
Gender	
Allergies (yes/no), if 'yes' please specify	
Course Dates	17th, 18th & 19th July 2009
Venue	Royal College of Surgeons Dardistown, Co. Dublin
Payment Details €120 per Player	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> PO <input type="checkbox"/>

DETAILS OF PARENT/GUARDIAN	
Name	
Surname	
Address	
Post Code	
City	
Contact Number	
Mobile	
Email	
Emergency Number During Camp	