



THE FORTH ONE CUP 2011
OFFICIAL ENTRY FORM

BOOKING FORM

Please fill in the Booking Form and return to us at Super Soccer Sevens Ltd, 13 Warrender Park Crescent, Edinburgh EH9 1EA. This form is available as a Word Document if required. Email enquiries@supersoccersevens.com and we'll send you one. Upon confirmation of your place an information pack will be sent to Team Organiser.

Team Name	Team Colours (If Applicable)
Contact Name (Adult)	Tel. No
Address: _____ _____ _____ _____	Email
	Email (2)

Where possible you **MUST** include an Email address – **ALL** information and updates will be sent via email.

Your email address will NOT be passed on to any other company as per our Privacy Policy

Ability (X)							
Average		Mixed		Decent		Very Good	

To make the competition as enjoyable as possible please give an opinion on your ability. We will grade the groups accordingly so please be honest in your opinion.



I would like to enter a seven a side team in the Forth One Cup 2011 to be held at the Edinburgh Academy Playing Fields on the 28th May 2011.

Please Cross

	I have read and understand the Rules and Tournament Structure and agree to abide by them. I will also make sure my team have read and understood them.
	I enclose a booking fee of £60.
	I wish to pay my booking fee by Bank Transfer
	I wish to pay in by Company Invoice.
	Company Name: _____
	Address: _____

	For The Attention of: _____

Payment Options:

PAYING BY CHEQUE: Post to: Super Soccer Sevens Ltd, 13 Warrender Park Crescent, Edinburgh EH9 1EA. Cheques should be made payable to "SS7 Forth 1"

BACS TRANSFER: HSBC Bank Plc, 118 Princes Street, Edinburgh. Account Name : SS7 Forth 1 Account No: 40279005 Sort Code: 40 – 20 – 54
Please add a suitable reference so we can allocate it to your team.

INVOICE: If you have a company who is willing to pay then please give us your company's details and we will invoice them directly.



Players Details:

Players should be 15 or 16 years of age on the 28th May and be in either S3 or S4. Teams may be a mix of ages. If there are any medical conditions we should know about please let us know. If you do not have your squad chosen yet, please mark 'To be confirmed' in the box.

YOUR SQUAD					Office use only	
	Name	Age	T Shirt Size XS S M L XL	Sponsor Forms	Amount Rec	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
	Manager & Coach Details		Email Address	Mobile Number		
1						
2						

Regards

Super Soccer Sevens