

Castle Combe Colts Football Club

Tournament Entry Form

2010



One entry per age group - please photocopy additional or download from www.cccfc.co.uk

CLUB NAME	
CLUB SECRETARY	

CONFIRMATION WILL BE SENT BY EMAIL	
CONTACT NAME	
EMAIL ADDRESS	
TELEPHONE NUMBER	
ENCLOSE SAE FOR POSTAL CONFIRMATION IF REQUIRED	
ADDRESS	
TOWN	
POSTCODE	

All details must be completed before acceptance into the Tournament including Affiliation numbers for each team. Entrance fees £25.00 per team - (including parking)

Under 7 to under 14 max.
8 players per team

Under 15 & under 16 max.
7 players per team

Teams will be suffixed A & B unless you enter team names in the boxes below.

ONE ENTRY FORM PER AGE GROUP.

AGE GROUP	AFFILIATION NUMBER	TEAM NAME (if any)	MANAGER	MANAGER TEL. NO.	MANAGER EMAIL	FEE (£25 PER TEAM)
					TOTAL FEES:	

Please send the completed form **BEFORE 1ST MAY 2010** with a cheque (payable to Castle Combe Colts FC) to: Jo Hughes, 5 Stapleford Close, Chippenham, SN15 3FZ