

**Brent Cross Football Academy**

**Booking form**

**I would like to book my child for the Brent Cross Football Academy programme:**

**Please circle or highlight**

**Saturday Junior Academy (reception – year 3) Tuesday Development Centre (year 4 - 9)**

**Child’s name: ……………………………………………………………………………………………….**

**Parents Name: ……………………………………………………………………………………………..**

**DOB: …………………………………………………….. Name of school and year group: …………………………………………**

**Address: …………………………………………………………………………………………………………………………………………………………………Email:**

**Postcode: ……………………………………………….**

**Telephone numbers: …………………………………………………/ ……………………………………………………**

**Medical conditions: …………………………………………………………………………………………………………..**

**Please state here if you do not want photos to be taken (these will be used for advertising purposes)**

**…………………………………………………………………………………………………………………………………………………………………**

**Please pay via cash, bank transfer or cheque.**

**Bank details: Name – Brent Cross football academy**

 **Account number – 22322804**

 **Sort Code – 23-05-80**

**Please return this form completed with payment to -** Brentcrossfootballacademy@gmail.com **to register your place.**

**Any queries please do not hesitate to contact us.**