



JUNIOR ACADEMY BOOKING FORM AUTUMN 17 -- MONDAY SEPT 25TH – NOV 23RD

PLEASE EMAIL THIS FORM TO - timrumford@castigers.com

SESSIONS ATTENDING (PLEASE SELECT X) - FUN ZONE - 515 -6PM X
 HEAD START 615 -7PM X

BOOKING FORM (PLEASE COMPLETE IN BLOCK CAPITALS)			
FULL NAME (child)		D.O.B.	
ADDRESS			
	POSTCODE		
DAYTIME TEL			
E-MAIL (contact)			
SCHOOL ATTENDING			
PAYMENT DETAILS (PLEASE DO NOT SEND CASH THROUGH THE POST)			
METHOD OF PAYMENT	CREDIT/DEBIT CARD <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	POSTAL ORDER <input type="checkbox"/>
CARD TYPE	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	ELECTRON <input type="checkbox"/> SWITCH <input type="checkbox"/> OTHER <input type="checkbox"/>
NAME ON CARD		ISSUE NO.	
CARD NUMBER			
VALID FROM	EXPIRY DATE	SECURITY NO	
TOTAL £	SIGNATURE		

Any cheques should be made payable to Tigers Trust

MEDICAL INFORMATION	
Please detail here any important information that our coaches/staff should be aware of:	
EMERGENCY NAME	
EMERGENCY TEL	
PHOTOGRAPHY CONSENT	
I (parent/guardian) consent to Castleford Tigers RLFC to photograph or film my child	
SIGNATURE	DATE