Please send completed registration form to:

Please remember to complete a separate registration form for each child

Gary and Julie McNeill

14 Brae Road

Ballynahinch

Co Down

BT24 8UN

(not later than Friday 4th July 2014)

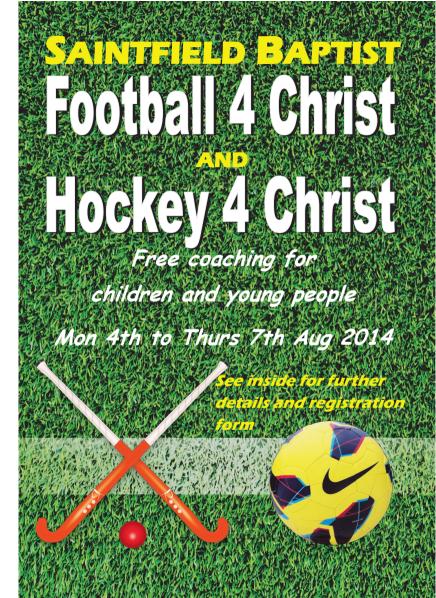
If further information is required please contact:

Gary or Julie - 028 9756 3792

As numbers are limited places will be allocated in order of receipt of forms and will be confirmed to you

FOR OFFICE USE ONLY

Date of receipt of form:



Come along and learn new skills in either FOOTBALL or HOCKEY

Play in your very own World Cup Tournament Hear the Good News of the Gospel every night

Open to all BOYS and GIRLS aged 6-14

Monday 4th - Wednesday 6th August 2014

Football @ Saintfield United Football pitches
Time: 6.30pm - 8.30pm

Hockey @ Saintfield Hockey pitches
Time: 6.45pm - 8.15pm

Please remember to bring appropriate footwear, shin pads (football), gum shield (hockey) and a drink (participants will be grouped according to age)

Also BBQ / Video / Prize Giving

Thursday 7th August @ 7.00pm

Venue: Saintfield Baptist Church

All participants and parents welcome

If you are interested please detach and complete the registration form opposite and send to the address on the back by Friday 4th July 2014.

All coaches hold Child Protection certificates
A trained first aider will be present at all sessions

SAINTFIELD BAPTIST CHURCH FOOTBALL/HOCKEY4CHRIST

REGISTRATION FORM (Separate form to be completed by parent/quardian for each child—additional forms at www.saintfieldbaptist.orq.uk

I give permission for my child to attend the Saintfield Baptist Church Football4Christ or Hockey4Christ week to be held at Saintfield United Football/Saintfield Hockey pitches on 4-7 August 2014.

Child's Full Name			$_$ Male \square Female \square
Sport (please select one)	Football		Hockey 🔲
Date of birth			_ Age
Address			
Home Tel	Mobile No	·	
Details of any known medical conditions, allergies etc.:			
Photographs and video will be t NOT wish your child to be phot	3		<i>'</i>
In the unlikely event of illne necessary medical treatmen representative, or by suitably child require emergency hospin sign on my behalf any written I cannot be contacted. I uncontact me as soon as possible.	t to be ad qualified med tal treatment, form of cons derstand that	lministe dical pr , I auth ent req	ered by the first-aid ractitioners. Should my norise an adult leader to nuired by the hospital if
I confirm that the above detai	ils are correc	t to the	e best of my knowledge.
Signed:	1	ate:	
(Parent/Guardian)		_	