

£10 per team

6 A-side Football

Please complete both sections of the entry form – incomplete forms will be returned to the team organiser and not processed.

Section 1

TEAM NAME

TEAM ORGANISER

CONTACT NUMBER

E-MAIL ADDRESS

For office use

Kit Colour

Date of entry

League

Tues

Thurs

I do not wish my personal details to given out to other SCS team organisers/participants

NB. If the above box is ticked, another team organiser for the team *must* be found. It is a requisite of SCS that details are given out. Personal details will ONLY be given to persons within the university sporting programmes. Under no circumstances will the above information be given out to external companies.

Declaration

I have read the Health and Safety guidelines and the Competition Rules and Regulations and as team organiser I agree to relay these to the other team members. As a team we agree to follow and abide by these guidelines.

Signed _____ Date _____

Full fees should accompany completed entry forms, which must be returned to Athletic Union Office (De Havilland campus). Cheques made payable to "Hertfordshire Sports Village".

**Places are allocated
on a first come first served basis.**



ATHLETIC UNION

Name	Contact email	Student number
1		
2		
3		
4		
5		
6		
7		

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