Park Regis J.F.C. ‘The Harrison Staines Memorial Tournament’

Application Form.

**Club Name……………………………………………………………………………...**

**Secretary……………………………………………………………………………….**

**Address…………………………………………………………………………………**

**…………………………………………………………………………………………..**

**Email address………………………………………………………………………….**

**Contact Telephone Number…………………………………**

**K.C.F.A. Number………………………….**

**I wish to enter the following teams into ‘The Harrison Staines Memorial Tournament’**

**U7…… teams U8….. teams U9….teams U10……teams U11….teams U16….teams**

**Entry fee £40 per team. (non-refundable). Seven aside with a max 10 players per team**

I enclose a **S.A.E. & cheque** for £……… made payable to Park Regis J.F.C.

Signed………………… Position……………………..

Please return your entry form, cheque and a **stamped addressed envelope** to:

Mrs T Sandy

Chair and Tournament Co-ordinator

20 Westlands Ave

Sittingbourne, Kent,

ME10 1PG.

Tel: 01795-420801, Mob: 07785-714365.

[www.parkregis.co.uk](http://www.parkregis.co.uk)