



ELITE GOALKEEPING UK BOOKING FORM

Professional Goalkeeping Coaching and Advanced Training

Tel: 0777 143 1916

www.elitegoalkeepinguk.com

1. Name _____

2. Date of Birth _____

3. Age group (i.e under 7's) _____

4. Address _____

Town _____ Postcode _____

5. Telephone _____ Mob _____

6. E-mail _____

7. Parent/Gaurdians Name(s) _____

Occupation _____

8. Emergency Contact Name _____ Tel _____

9. Club/Team _____

10. Medical Problems/Special Needs if any? _____

11. DECLARATION - I/We hereby give permission for my Child to join the above coaching sessions I/We understand that Elite Goalkeeping UK and their servants, agents and employees are under any liability whatsoever in respect of personal injury, loss or damage, however caused while attending the session @ Elite Goalkeeping UK. I/We will abide by the rules and code of conduct laid down by Elite Goalkeeping UK.

12. SIGNED: _____ PRINT _____

13. DATE _____

15. Your Child's place will be confirmed on receipt of Payment. Thankyou!

*PLEASE Print off this booking form and bring it with you along with your payment.

CHEQUES: Payable to: " Rudi Coleano ":