

Pro-Soccer
 Voluntary Park
 Glenmuir Place
 Whitletts
 Ayr
 KA8 9RR



Tel: 01292 280 606
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Web: www.pro-soccer.co.uk
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5-A-SIDE ADULT LEAGUE APPLICATION FORM

When would you like to play? Mon Tue Wed Thu Fri Sat Sun (day) Sun (ev)
 Preferred time of play? _____ (dependant on availability)

TEAM NAME _____

TEAM ORGANISER'S DETAILS

DEPUTY ORGANISER'S DETAILS

Name: _____
 Address: _____

 Post Code: _____
 Home Tel: _____
 Work Tel: _____
 Mobile Tel: _____
 Email: _____
 Date of Birth: _____
 Industry: _____
 Favourite Team: _____

Name: _____
 Address: _____

 Post Code: _____
 Home Tel: _____
 Work Tel: _____
 Mobile Tel: _____
 Email: _____
 Date of Birth: _____
 Industry: _____
 Favourite Team: _____

SQUAD MEMBERS

	Player Name	Date of Birth	Players Address	Phone Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

On occasions we may be running promotions, events and other activities we would like your team to hear about.
 If you **don't** want us to get in touch with your team, tick here:

TEAM ORGANISER DECLARATION

I, the aforementioned 'Team Organiser', commit any player of the said team to abide by every aspect of the 'Pro-Soccer Rules of League Play', including all cancellation, postponement & withdrawal policies. I am fully aware that I am personally liable for any financial losses incurred by Pro-Soccer due to the said teams failure to fulfil any fixture and that all Pro-Soccer management decisions are final. I confirm that I am over eighteen years of age.

Team Organiser's Signature: _____* **Date:** _____*

FOR OFFICIAL USE ONLY

£15 Registration Fee Required

£15 registration fee received by: _____
 Two forms of address provided: _____

Lg Entered: _____
 Div: _____
 Start Date: _____

