**WOMENS BEGINNERS FOOTBALL FESTIVAL**

**SUNDAY 17TH FEBRUARY, 1pm – 3pm @ HERON ECCLES FOOTBALL CENTRE, ABBOTTSHEY AVENUE, ALLERTON, L18 7JS**

|  |  |
| --- | --- |
| **Club/Team Name:** |  |
| **Contact Name:** |  |
| **Address:** |  |
| **Contact Home/Mobile Number:** |  |
| **Email:** |  |
| **Are players ok to have photographs taken?** |  |
| **Do any of your players have any medical condition(s) we need to be aware of?** |  |

**PLAYER REGISTRATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Players Full Name** | **Date of Birth** | **Full Address (inc Postcode)** | **Email Address & Mobile Number** | **Are you happy to be contacted by Liverpool FA via email? Please insert YES or No** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |