|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Name: |  | | | Age Group: | | |  | | | |
| Manager Name: |  | | | | | | | | | |
| Manager Address: |  | | | | | | | | | |
| Email Address: |  | | | Contact Number: | | |  | | | |
| Additional Team Contact: |  | | | Contact Number: | | |  | | | |
| Which competition would you like to enter? | Male | | | | | | | | | |
| Under 10 12:30-15:00 |  | Under 12 10:00-12:30 | |  | Under 14 13:30-16:00 | |  | Under 16 15:30-17:00 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Squad List** | | | |
| **Squad No.** | **Player Name**  **(First name and Family name)** | **Date of Birth** | **Parental Consent Form for photographic images and video footage (✓/X)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |

***Please return this completed form with a cheque for £25 payable to Oxfordshire FA Ltd to: James Shiplee at*** *Oxfordshire FA, Unit 4, Witan Park, Avenue 2, Station Lane, Witney, OX28 4FH Alternatively you can pay via cash, or over the phone on 01993 894405****. Your place can only be secured with payment and completed registration form. Entry deadline: 30th March.***