



APPLICATION FORM

Please enter the following team(s) into the Shaw FC 11 a Side Tournament

Name of Club: _____

Name and Address of Contact: _____

Tel: _____ E Mail: _____

FA Affiliation Number: _____

Number of Teams

Under 13 _____

Under 14 _____

Under 15 _____

Under 16 _____

The cost for each team is £50:00

Please make cheque payable to: Cirencester Town Football Club.

Please send this form together with a cheque and self addressed envelope to:

Mark O'Brien
59 Pheasant Way
Cirencester
Gloucestershire
GL7 4DD
Tel: 01285 651774
e-Mail: obrienm2uk@aol.com



A Charter Standard Club