



JW19 Soccer School  
 Tuesday 30<sup>th</sup>, Wednesday 31<sup>st</sup> July, Thursday 1<sup>st</sup> Aug 2024  
 OR (AND)  
 Tuesday 13<sup>th</sup> Aug, Wednesday 14<sup>th</sup> Aug, Thursday 15<sup>th</sup> Aug 2024  
 10 am – 4 pm

Please email enrolment to [grsletchworth@gmail.com](mailto:grsletchworth@gmail.com) and transfer the money to the details below.  
 Mobile 07735 466075

<b>Name of Child One</b>	
Date of Birth	
<b>Age</b>	
<b>Name of Child Two</b>	
Date of Birth	
<b>Age</b>	
Contact Number 1	
Contact Number 2	
Email Address	
Medical details	

Week 1 Booking Option	Price	✓
2 day	£60	
2 day and sibling	£110	
3 day	£70	
3 day and sibling	£130	
<b>Before and Aftercare per hour</b>	£6	

Week 2 Booking Option	Price	✓
2 day	£60	
2 day and sibling	£110	
3 day	£70	
3 day and sibling	£130	
Both weeks	£130	
Both weeks and sibling	£260	

**Declaration**

I acknowledge and accept that Grassroots or the organisation providing the facilities and their respective agents or employees are not under any liability whatsoever regarding personal injury, loss or damage caused whilst in attendance of the Football course.

**Transfer the fees to Grassroots Soccer Bank Account.**

**Sort Code 20-41-12**

**Account Number 03260224**

**Reference JW19 followed by the child's name. For example, JW19pauldeller**

I agree to my son/daughter being filmed or photographed with the possibility that these might be used for publication and/or publicity.

In the event of an emergency, I consent to any emergency medical/dental treatment that my son/daughter may require prior to my arrival. I acknowledge that if a session is cancelled due to a school commitment or other external issues outside my control of, Grassroots. We will do everything to rearrange the lost session(s).

Signature Parent	
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