

SOCCER PLAYERS RETURN

Childs Name..... Room No.....

Date of Birth..... Years..... Months..... Years 1, 2, 3, 4, 5, 6 *circle*

I would/would not like to be a permanent Team Manager

.....Parent Signature Date

SOCCER COMMITTEE RETURN

Parent Name..... Contact Number.....

I would like to be a member of the organising committee.

I would like to be responsible for: