

Child 1:
Age: DOB
Child 2:
Age: DOB:
Parent/Guardian:
Address:
Postcode:
Home Tel: Mobile:
Email:
Medical Requirements/Conditions/Allergies:
Do you give St Mirren Football Club consent to use photography during the sessions that your
child may be involved in?  YES NO
Parent/Guardian Signature Date:

## PAYMENT MUST BE MADE AT TIME OF APPLICATION TO GUARANTEE BOOKING

(Cheques should be made payable to St Mirren Community Fund)

## PLEASE COMPLETE IN FULL AND RETURN TO:

Stephen Gallacher

St Mirren Football Club, Greenhill Road, Paisley, Renfrewshire, PA3 1RU Mobile: 07557281581 Fmail: stephen gallacher@stmirren.com