GUERNSEY SCHOOLS CRICKET COACHING PROGRAMME 2016

Indoors at Les Beaucamps High School



REGISTRATION FORM

GUERNSEY SCHOOLS CRICKET COACHING PROGRAMME 2016

Players Name:			
Parents/Guardian Name:			
Postal Address:			
Postcode:			
Home Telephone Number:			
Emergency Contact Number 1:			
Emergency Contact Number 2:			
Email Address 1 (Print Clearly):			
Email Address 2 (Print Clearly):			
School:			
School Year:			
Relevant Medical Conditions:			
Year Group Course: (Please Circle)	YEAR 1-3	YEAR 4-6	YEAR 7-9
The Guernsey Cricket Board and the lo promotional purposes, please tick the b	•	•	•
I enclose cash/cheque for £40.00 (paya Send to Guernsey Cricket Board, KGV Signed:	,	ue Cohu, Castel. GY5 7	SZ.

STATES EDUCATION DISCLAIMER

This information is provided for the interest of members of the community. The circulation of the information should not be taken as a recommendation or endorsement by the school or Education Department and you should carry out your own enquiries to ensure that you are satisfied with the quality, suitability and safety of the product or service advertised and the identity and character of those providing it.