



**2012 RESIDENTIAL REGISTRATION FORM**

<b>GOALKEEPER DETAILS</b>			
Name			
Height		Weight	
Age		DOB	
School attending			
Current club			

<b>PARENT/GUARDIAN DETAILS</b>	
Name	
Address	
Postcode	
Email	
Home phone	
Mobile	

<b>MEDICAL DETAILS</b>
Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.)

**Payment**

(please tick the relevant boxes)

I enclose £200 deposit  
(balance to be paid before 2 August 2012)

I enclose full fee £345

I would like to pay by cash

I would like to pay by cheque

Please make cheques payable to Sarah Kitchen  
98 Long Walk  
Epsom  
Surrey  
KT18 5TU

For more information visit:  
[www.goalkeepercoaching.co.uk](http://www.goalkeepercoaching.co.uk)  
[info@goalkeepercoaching.co.uk](mailto:info@goalkeepercoaching.co.uk)