



KILLARNEY ATHLETIC A.F.C.

in association with

**KILLARNEY CREDIT UNION
UNDER AGE 7-A-SIDE
SOCCER TOURNAMENT**



Before completing this form please read the following instructions carefully.

1. Each entry form must be returned with the correct entry fee to
Killarney Credit Union Beech Road or Park Road

**Under 10 Boys Entry Fee €50
Born on or after 1st January 2000
Late Entries not Accepted**

PLEASE USE BLOCK CAPITALS

RETURN THIS PORTION

Team Name:..... Colours:.....

We the undersigned understand and agree to the rules of the competition.

Note: Players can ONLY play in their own age group.

NAME

DATE OF BIRTH

PLEASE PRINT CLEARLY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Your team Contact is:

Name:..... Tel. No.:.....

Address:.....

We the undersigned agree to the rules of the competition:

Manager:..... Captain:.....

FIXTURES POSTED TO TEAM MANAGERS



KILLARNEY ATHLETIC A.F.C.

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SOCCER TOURNAMENT**



Before completing this form please read the following instructions carefully.

1. Each entry form must be returned with the correct entry fee to
Killarney Credit Union Beech Road or Park Road

**Under 12's Boys Entry Fee €50
Born on or after 1st January 1998
Late Entries not Accepted**

PLEASE USE BLOCK CAPITALS

RETURN THIS PORTION

Team Name:..... Colours:.....

We the undersigned understand and agree to the rules of the competition.

Note: Players can ONLY play in their own age group.

NAME

DATE OF BIRTH

PLEASE PRINT CLEARLY

1. _____	_____
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10. _____	_____

Your team Contact is:

Name:..... Tel. No.:.....

Address:.....

We the undersigned agree to the rules of the competition:

Manager:..... Captain:.....

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Before completing this form please read the following instructions carefully.

1. Each entry form must be returned with the correct entry fee to
Killarney Credit Union Beech Road or Park Road

**Under 14's Boys Entry Fee €75
Born on or after 1st January 1996
Late Entries not Accepted**

PLEASE USE BLOCK CAPITALS

RETURN THIS PORTION

Team Name:..... Colours:.....

We the undersigned understand and agree to the rules of the competition.

Note: Players can ONLY play in their own age group.

NAME

DATE OF BIRTH

PLEASE PRINT CLEARLY

1. _____	_____
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Your team Contact is:

Name:..... Tel. No.:.....

Address:.....

We the undersigned agree to the rules of the competition:

Manager:..... Captain:.....

FIXTURES POSTED TO TEAM MANAGERS



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SOCCER TOURNAMENT**



Before completing this form please read the following instructions carefully.

1. Each entry form must be returned with the correct entry fee to
Killarney Credit Union Beech Road or Park Road

**Under 16's Boys Entry Fee €75
Born on or after 1st January 1994
Late Entries not Accepted**

PLEASE USE BLOCK CAPITALS

RETURN THIS PORTION

Team Name:..... Colours:.....

We the undersigned understand and agree to the rules of the competition.

Note: Players can ONLY play in their own age group.

NAME

DATE OF BIRTH

PLEASE PRINT CLEARLY

1. _____	_____
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9. _____	_____
10. _____	_____

Your team Contact is:

Name:..... Tel. No.:.....

Address:.....

We the undersigned agree to the rules of the competition:

Manager:..... Captain:.....

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Killarney Credit Union Beech Road or Park Road

**Under 16 Girls Entry Fee €75
Born on or after 1st January 1994**

PLEASE USE BLOCK CAPITALS

RETURN THIS PORTION

Team Name:..... Colours:.....

We the undersigned understand and agree to the rules of the competition.

Note: Players can ONLY play in their own age group.

NAME

DATE OF BIRTH

PLEASE PRINT CLEARLY

1. _____	_____
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9. _____	_____
10. _____	_____

Your team Contact is:

Name:..... Tel. No.:.....

Address:.....

We the undersigned agree to the rules of the competition:

Manager:..... Captain:.....

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