



**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 by Monday 28th June to  
Killarney Credit Union Beech Road or Park Road.

**Under 14's Boys Entry Fee €75**  
**Born on or after 1st January 1996**

**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**