



Killarney Credit Union

KILLARNEY ATHLETIC A.F.C.

7-A-Side

Over 35's



SOCCER TOURNAMENT

Before completing this form please read the following instructions carefully.

1. Each entry form must be returned with the correct entry fee fully completed
2. It is the responsibility of each Manager to bring to the attention of each of his player the rules and conditions on the accompanying page.
3. Please include your Email address - so as to notify you re fixtures ASAP.

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

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

NAME PLEASE PRINT CLEARLY	ADDRESS	Soccer Club Affiliated to (If any)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Your team Contact:

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

Email Address:.....

Address.....

We the undersigned agree to the rules of the competition

Manager.....Captain.....