



# 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.
2. Tournament will take place on Friday 10th & Saturday 11th July 2015.

## **Under 10 Boys Entry Fee €75 Born on or after 1st January 2005 Late Entries not Accepted**

**PLEASE USE BLOCK CAPITALS**

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:

Name.....

Tel. No:.....

Email Address:.....

We the undersigned agree to the rules of the competition

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



# KILLARNEY ATHLETIC A.F.C.



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# **Under 12's Boys Entry Fee €75** **Born on or after 1st January 2003** **Late Entries not Accepted**

**PLEASE USE BLOCK CAPITALS**

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. _____	_____
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5. _____	_____
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8. _____	_____
9. _____	_____
10. _____	_____

Your team Contact:

Name.....

Tel. No:.....

Email Address:.....

We the undersigned agree to the rules of the competition

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



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# Under 14's Boys Entry Fee €100 Born on or after 1st January 2001 Late Entries not Accepted

PLEASE USE BLOCK CAPITALS

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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6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Your team Contact:

Name.....

Tel. No:.....

Email Address:.....

We the undersigned agree to the rules of the competition

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



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# **Under 16's Boys Entry Fee €100**

## **Born on or after 1st January 1999**

### **Late Entries not Accepted**

**PLEASE USE BLOCK CAPITALS**

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:

Name.....

Tel. No:.....

Email Address:.....

We the undersigned agree to the rules of the competition

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