

KILLARNEY ATHLETIC A.F.C. 6 7-A-Síde



SOCCER TOURNAMENT Sponsored by Killarney Credit Union

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.

| NAME | ADDRESS | Soccer Club Affiliated to |
|----------------------|--|---------------------------|
| PLEASE PRINT CLEARLY | | (If any) |
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| 10 | | |
| Your team Contact: | | |
| Name | Tel. No | |
| Email Address: | | |
| Address | | |
| | dersigned agree to the rules of the competi- | |
| Manager | Captain | |



KILLARNEY ATHLETIC A.F.C. 7-A-Síde

Over 35's



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Your team Contact:

| Name | |
|----------------|--|
| | |
| Email Address: | |
| | |
| Address | |
| | We the undersigned agree to the rules of the competition |

| Manager | Captain |
|---------|---------|
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