



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.
2. The closing date for all ages (to be returned to the credit union) is Friday 7th June before 5.30pm.
The draw will take place on Monday 10th June in the Shire Cafe, Killarney at 9.00pm.

****We are now holding all competitions together over a 2 week period with finals for underage teams taking place on Thursday 11th July.****

Under 10 Boys Entry Fee €75 **Born on or after 1st January 2009** **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 <u>PLEASE PRINT CLEARLY</u>	DATE OF BIRTH
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.....



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Under 12's Boys Entry Fee €75 Born on or after 1st January 2007 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 <u>PLEASE PRINT CLEARLY</u>	DATE OF BIRTH
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.....



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Under 14's Boys Entry Fee €100 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
PLEASE PRINT CLEARLY**

DATE OF BIRTH

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.

in association with

KILLARNEY CREDIT UNION

UNDER AGE 7-A-SIDE

SOCCER TOURNAMENT



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Under 16's Boys Entry Fee €100

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
PLEASE PRINT CLEARLY

DATE OF BIRTH

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.....