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**Ebbsfleet United Walking Football Team**

***Registration Form – Fee £15.00 – Cash or cheque payable to: ‘The Fleet Supporters’ Trust’***

***I wish to register for and participate in the 2018/2019 season***

**Player**

Name………………………………………………………………………………………………………………………………………………..

Address*………………………………………………………………………………………………………….****…****………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………****……****………………………………………………………………………….*Post Code*………………………………*

Date of birth:………………………………………..Age:……………………………………………………

Email Address:…………………………………………………………………………………………………..

Telephone Number:………………………………Next of Kin Name & Contact………………

……………………………………………..Mobile:………………………………………………………………

If you have a disability please specify:...................................................................

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Signed………………………………………………………….Date…………………………………………..

If posting send to: Chris Judge, 66, Olivers Mill, New Ash Green, Longfield, Kent DA3 8RF Email: judgece66@aol.com Tel: 07765 663 258