



TRANSFORMING LIVES

Name of Church/School/Organisation:

Name of Main Contact:

Address:

Postcode:

Contact Number: Email:

Name (CAPITALS):

Signature:

Date

Team Information

Age Group <i>Schools Years 3-4, 5-6, 7-9, 10-13</i>	Team Name	Main Contact	Contact Number of Main Contact	Main Contact has a valid DBS <i>(tick to confirm)</i>

*Each team is required to have a different responsible adult (over 18) who is able to look after the team throughout the Tournament, who is authorised to do so and has a valid DBS.

Photo Consent

Kick London will take official event photos at the Tournament which may be used for marketing purposes. As the responsible adult, I understand that I am responsible for informing Kick of any children that **do not have photo consent** by entering the names of children without photo consent within the 'Conditions of Entry' form. (E-mail footballtournament@kicklondon.org.uk to request this)

Name (CAPITALS):

Signature:

Date:

Payment Details

Please arrange the payment of £40 per team by either of the following payment methods:

BACS

Sort Code: 20-72-33

Account No.: 60473030

Ref: KICK 'then team name'

Cheques

Payable to **Kick London** – Kick London, Holy Trinity Church Centre, Sheen Park, Richmond, TW9 1UP

Entry Fee Deadline: All entry fees must be received by **21st June 2019** to confirm entry