



# Carrickfergus Cricket Club



## Summer Scheme 2017

First Name (CAPITALS)

Surname (CAPITALS)

Address (CAPITALS)

Postcode

Age at 24th July 2017

Date of Birth

School

Medical Conditions / Allergies

### To Be Completed by Parent/Guardian

Name

Signature

Date

*I approve this application for my child to attend Carrickfergus CC Summer Scheme*

### Emergency Contacts

Emergency Contact 1:

Phone Number:

Emergency Contact 2:

Phone Number: