

SIGN YOUR PLAYERS UP...



Charter Standard

Player Development Scheme

TEAM APPLICATION FORM

Charter Standard Club / Team Name: _____ Age group: _____

League: _____ Division: _____

Team Manager: _____ Address: _____

Email: _____ Home Tel: _____ Mobile: _____

SQUAD / PLAYER DETAILS

	Player Name	Gender	D.O.B	Medical Conditions	Emergency Contact Name & Telephone No
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Preferable Time Date Slot:

- Coaching Block 1 - **Thurs 23rd Sept to Thurs 21st Oct** (5.45-7.15pm)
- Coaching Block 2 - **Thurs 23rd Sept to Thurs 21st Oct** (7.15-8.45pm)
- Coaching Block 3 - **Thurs 4th Nov to Thurs 2nd Dec** (5.45-7.15pm)
- Coaching Block 4 - **Thurs 4th Nov to Thurs 2nd Dec** (7.15-8.45pm)

Total Cost: **Mini-soccer team** £60 **9v9 team** £70 **11v11 team** £80
 (Following approval of application)

Signed Team Manager: _____ Date: _____

**I sign to confirm my commitment to the programme and that of the players, as well as any fellow club members attached to the team.
 **I acknowledge that this application does not guarantee a place on the scheme for the team as places are limited.*



PLEASE RETURN TO: Matt Jones, Worcestershire FA, Craftsman House, De Salis Drive, Hampton Lovett Industrial Estate, Droitwich, Worcestershire, WR9 0QE
 All applicants will be contacted within 7days following receipt of the application to confirm approval