CHELMSFORD CITY FC
AFTER SCHOOL FOOTBALL CLUB

!!! PLEASE NOTE THAT ALL FEES MUST BE PAID IN ADVANCE, NOT IN ARREARS, EXCEPT IN EXCEPTIONAL CIRCUMSTANCES AGREED BY CHRIS FINCH !!!

TIME/yr group 3.30pm-4.30pm YR 2,3,4
RESTART DAY/ DATE FRIDAY 9TH JUNE 2017
FINISH DAY/ DATE FRIDAY 14TH JULY 2017
NO CLUB ON N/A
NUMBER OF SESSIONS 6
BLOCK PAYMENT £18

Block payment is preferred because it keeps the administration simpler and saves time during the sessions, but if this is a problem £3 on the night is acceptable.
Please bring block payments in a named envelope to the first session.
Refunds will be given for any sessions that have to be cancelled.
Children who behave badly may be excluded at our discretion.

CHEQUES SHOULD BE MADE PAYABLE TO CHELMSFORD CITY FC
If you encounter any problems or wish to contact me for any reason please feel free to ring me on the number below or e-mail stoppercoach@aol.com
Chris Finch    CCFC Community Officer    TEL: 07990673213

Please return signed slips to the school office ASAP.
IF YOU ARE OWED A REFUND DUE TO A CANCELLATION PLEASE REDUCE PAYMENT FOR THIS BLOCK BY THE APPROPRIATE AMOUNT.
!!YOU DO NOT HAVE TO FILL IN A SLIP IF YOU HAVE ALREADY DONE SO FOR THIS SCHOOL YEAR!!

NEWLANDS SPRING YR 2/3/4

I give permission for my child………………………………………..YR…………..

to attend football club and accept responsibility for their journey home.
I accept that Chelmsford City FC and its employees accept no liability for loss or damage to property or for personal injury however caused, except by negligence.

MEDICAL PROBLEMS…………………………………………………………………………………………………………………………………………...
EMERGENCY NUMBER/S…………………………………………………………………………………………………………………………………………...

PARENT’S EMAIL…………………………………………………………………………………………………………………………………………...
IF YOU DO NOT WISH TO BE SENT INFO ON FUTURE COURSES VIA E-MAIL PLEASE TICK THE BOX □
IF YOU DO NOT WISH YOUR CHILD TO BE PHOTOGRAPHED FOR PROMOTIONAL PURPOSES PLEASE TICK THE BOX □

Signature; Parent/Guardian……………………………………………………………………………………………………………………………………………...