



JUNIOR PLAYER MEMBERSHIP

PLAYERS NAME(S) _____ AGE GROUP _____

PARENTS/GUARDIAN NAME _____

NAME(S) _____

ADDRESS _____

CONTACT TEL NO _____

EMAIL ADDRESS _____

MEMBERSHIP / SIGNING ON FEE / MATCH FEE – AMOUNT £ _____ PAID

I AGREE TO ABIDE TO THE FARINGDON TOWN FOOTBALL CLUB 'CODE OF CONDUCT '

SIGNATURE _____ DATE _____

APPROVED BY COMMITTEE MEMBER _____





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