fulham football club foundation
building better lives through sport

Activity Booking Form

You are required to complete all details on the booking form

October Half Term 2012

Step One - Participant details:

Have you been on a course before: ☐ Yes ☐ No

Child Name : _____

Age: _____ Date of Birth:_____

Address:_____
_____

Parent/Guardian Email address: _____

Parent/Guardian Mobile number: _____

Emergency Contact No. 1:_____No. 2:_____

Medical conditions:_____

Photo consent: ☐ YES ☐ NO

Additional notes to be aware of:_____

Name of parent:_____

Name of adult collecting child:_____
If named adult changes inform head coach in writing at venue
****Please be aware participants must wear shin pads****

Course details:

Course: BB SD PP GK

Venue:_____ Course code:_____

Week attending (applicable for Bishop's Park only): 1 2

Days attending (please circle) Mon Tues Weds Thurs Fri Full Week

Payment Details:

Type of Card: Visa Master card AMEX

Name on the card:_____

Card number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry date: _ _ / _ _

Security number: _ _ _ (AMEX) _ _ _ _ Price: £ . Discount? YES NO
(10%only;Season ticket/Junior member/ siblings)

Please ensure that all card details are correct

Step Two – Data Protection

Fulham Football Club and Fulham Football Club Foundation are committed to maintaining your privacy in accordance with the Data Protection Act 1998. By submitting your details you consent to our Terms and Conditions and Privacy Policy (available online). You can change your preferences at any time by contacting us at dataprotection@fulhamfc.com.

I do not wish to receive information from Fulham Football Club.

☐ Email ☐ SMS ☐ Post

I do not wish to receive information from Fulham Football Club's official partners and/or sponsors.

☐ Email ☐ SMS ☐ Post

I do not wish to information from selected third parties.

☐ Email ☐ SMS ☐ Post

How did you find out about the course? (Please tick any that apply):

☐ Brochure
☐ Flyer
☐ Poster
☐ Website
☐ Email
☐ Friend
☐ School (please specify) _____
☐ FFCF activity (please specify) _____

Parent/Guardian Signature: _____