

Colin P Cockle
GOALKEEPING ACADEMY
APPLICATION FORM

Please complete this FORM and return to the address below
with the relevant course fee.
You will be informed by post if you have a place on the course.
If unsuccessful all cheques will be returned.

Applicants Name

Gender Male Female Please Tick

Address

.....

Post Code

Date of Birth

Home Tel.(include STD code)

Emergency Tel.(include STD code)

Medical Conditions

Club or School

**I would like to attend the
Specialised Goalkeeping Coaching**

I would like to pay:

Please Tick

Weekly at £4 per session

or

By Block Booking

Please Tick

15 Weeks = £60
September 6th until 13th December 2007

Please Tick

11 Weeks = £44
April 10th until 19th June 2008

11 Weeks = £44
January 10th until 20th March 2008

17 Weeks = £68
August 21st until 11th December 2008

Payment Enclosed
(Cheques Payable to Colin Cockle)

Parent / Guardian's Name
(If under 16 years)

email

Signature Parent / Guardian / Applicant

I understand that while all reasonable care will be taken, neither Colin Cockle's Goalkeeping Academy nor any person employed by them will be responsible for any loss or injury suffered by or to the applicant howsoever caused.

This application form with a stamped
addressed envelope should be sent to :

Colin Cockle
23 Cairnwell Drive,
Portlethen,
Aberdeenshire,
AB12 4TL

