

Booking Form

Venue.....

Course Code.....

Customer Details

Title .....

First Name .....

Surname .....

Telephone.....

Country .....

Address .....

.....

County ..... Postcode .....

Email .....

.....

Emergency Contact 1

Name

Number

Emergency Contact 2

Name

Number

My child will be collected by one of:

.....

Player Details

First Name.....

Surname .....

Date of Birth ...../...../.....

School Name .....

School Year .....

Gender MALE / FEMALE Chelsea fan? YES / NO

Ethnicity .....

Does the participant consider themselves to have a disability? (Please give details)

Does the participant have any medical conditions? (Please give details)

Our staff are not qualified to administer Epi-Pen, however they are permitted to do so if you tick here (Only tick this box if your child is an Epi-Pen carrier)

Payment Details

Please make cheques payable to Chelsea FC Foundation

Terms and Conditions (Please read carefully)

Official Chelsea Football Club photographs may be taken on the courses. These pictures could be used in Chelsea publications (match day programmes, website, emails and other promotional materials. If you have any objections to

your photographs of your child being reproduced for these purposes, please tick here

By submitting this form you expressly consent that Chelsea Football Club plc, Chelsea Soccer Schools and partners and the other Chelsea Commercial Partners (as both may change over time) may share & use your personal information (a) to provide products & services you request, (b) for consumer profiling, market research & (c) unless you tick the boxes below to contact you by post, phone or electronically about Chelsea Soccer Schools or Chelsea Football Club related products, services, offers & events.

Don't send me details of products, services offers & events from: Chelsea FC Foundation  Chelsea Football Club  Chelsea Commercial Partners

Parent / Guardian Signature ..... Date.....