



West Winch William Burt Junior Football Club
Player Registration Form
Season 2021-22



<u>Players details</u>	
Name	
Address	
	Post code
Date of Birth	
<u>Parent/Guardian details</u>	
Name	Name
Relationship (Mum, Dad etc)	Relationship (Mum, Dad etc)
Tel. No.	Tel. No.
Email	Email
<u>Alternate contact (in case of emergency)</u>	
Name	
Relationship	
Tel. No.	
Any medical conditions we should be aware of e.g. Asthma, allergy etc	
Subscription <input type="checkbox"/> Registration Payment (£30) – Received Please select Payment option for balance of fee (£100) <input type="checkbox"/> Payment in full at registration <input type="checkbox"/> 4 x £25 Standing Order (1st September to 1st December inclusive) <i>(Please complete page 2 and return to your bank.)</i> <input type="checkbox"/> Pay per match / training session (£3)	

I agree to my child becoming a member of West Winch William Burt Junior Football Club and confirm that I have read and agree to the terms and conditions outlined in the introductory letter, the Club Codes of conduct and FA Respect Code of Conduct. Any kit issued belongs the property of WWWBJFC and is my responsibility to return when requested or replace if lost or damaged.

Signed (Parent/Guardian) : _____

Date : _____

WWJFC Use - Age Group/Team manager _____



West Winch William Burt Junior Football Club



INSTRUCTION TO YOUR BANK TO PAY A REGULAR STANDING ORDER

Please complete your bank details and give to your bank as soon as possible.

Name of Bank/Building Society:
Address:
Name(s) of Account Holders(s):
Account Number:
Sort Code:

Upon receipt of these instructions, please debit my account and pay EACH MONTH to:

Natwest Bank, 4 Tuesday Market Place, Kings Lynn Norfolk PE30 1YY

Account: West Winch Junior Football Club

Account Number: 23230800

Sort Code: 55-81-28

The amount of £25.00

Amount in words: Twenty five pounds only

Commencing on 1 September 2021 (start date) and on the same day each month until 1 December 2021 (end date).

Signature:	Date:
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TO THE BANK: Please quote reference: (Team/Child name)

Account Holder's Address:

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If you require any assistance completing this form please contact: Your Team Manager or Sarah Osborne (treasurer@westwinchjuniorfc.co.uk)