



BALLYMENA INVITATIONAL MINI SOCCER LEAGUE

P6 / P7 REGISTRATION FORM 2016

Name of Team _____ Official in Charge _____ Age Group _____

Address _____ Postcode _____

Contact No _____ Email Address _____ Team Colors _____

NAME	ADDRESS	DATE OF BIRTH	SCHOOL & CLASS	PARENTS SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

I the undersigned acknowledge that the Ballymena Invitational Mini Soccer League may have a photographer present during the event. I understand that Photos taken will be used for the promotional purposes of the Ballymena Invitational Mini Soccer League by way of Multimedia, local papers & website. Should this in anyway contravene our club policy on photography I will advise Ballymena Invitational Mini Soccer League Officials immediately. I have read the constitution rules and code of conduct and agree to abide by same

Signature of Club Official _____ Date _____