



## BOOKING FORM

### DZORWULU ASTRO TURF

Osu Bado Avenue  
(opposite Special Ice)

<b>Player's name</b>	
<b>Player's age</b>	
<b>Parent's/ Guardian's name</b>	
<b>Address</b>	
<b>Email</b>	
<b>Mobile number</b>	
<b>Special needs</b>	Yes                      No (please delete as appropriate)
If you have answered yes to the above, please specify	

I hereby give my consent for my child to participate in Sports Actually training classes.

.....

**Signature of Parent/Guardian**  
**Please print name here**

**Date**

