Stadium Tour Application Form		
NAME:	**D.O.B:**	**AGE:**
email:		
Address:		
Telephone:	**Mobile:**	
Tour Venue:	**Date:**	
Other applicant (if applicable)		
Please provide details of any MEDICAL CONDITIONS that your child may have (Asthma, Epilepsy, Diabetes, Allergies, etc…)		
Photographs of the children will be taken throughout the course and will be used for certificates and posters to promote future courses. If you do not want your child's photograph to be taken please tick here		
By returning and completing this form, I give permission for my Son/Daughter to take part in the course and agree to First For Sport/First For Football terms and conditions. All terms and conditions can be viewed at www.firstforsportltd.co.uk		
Payment Type: Please Circle		
CASH (ONLY ACCEPTED IN PERSON)	CHEQUE (CHEQUE NUMBER :……..)	
Amount:……..	Amount: ……..	
Signed Parent/Guardian:	**Date:**	
Please return to: 4 Store Lane, Fleckney, Leicester, LE8 8AT.	(Cheques payable to **First For Sport**)	

''A Healthy Body Is a Healthy Mind''