

Disability Match Day Clubs

www.fitc.org.uk / 01603 761122



In partnership with
Norfolk Short Breaks Pathfinder

Football in the Community

Providing Positive Activities Through Sport



**Two hours of multi-sports coaching
+ transport to Carrow Road
+ tickets for NCFE first team game**

- For boys and girls aged 5 to 16 years
- Inclusive to all ranges of disability
- Sessions led by qualified and experienced coaches
- 11am - 1pm coaching, Trowse YMCA, Norwich;
3pm - 5pm match, Carrow Road
- £5 (coaching + transfer to Carrow Road + match ticket)

Disability Match Day Club available dates

Please select the match / matches you would like to attend:

(All dates are Saturdays, with 3pm kick-offs for the NCFC match)

Select	Date	NCFC v
	5 September 2009	Walsall
	19 September 2009	Charlton Athletic
	24 October 2009	Swindon Town
	14 November 2009	Tranmere Rovers
	5 December 2009	Oldham Athletic

Select	Date	NCFC v
	19 December 2009	Huddersfield Town
	30 January 2010	Hartlepool United
	20 February 2010	Southampton
	27 March 2010	Leeds United
	24 April 2010	Gillingham

Application form

Terms & Conditions

All Match Day Clubs forms must be received three days before the start of the course. Places are limited. All cancellations carry a £5 administration fee. No refunds will be given. Credit notes will be issued on receipt of a written request. We do not accept responsibility for loss or damage to property. Children attending the courses should not be left unsupervised at the venue until 15 minutes before and after the course day starts and ends. Full terms and conditions can be found on our website at www.fitc.org.uk.

Please complete in BLOCK CAPITALS

Child's details

First name: Middle name: Surname:

Date of birth: Gender: Male Female

Which school does your child attend?

Please outline the nature of your child's disability

Special dietary requirements (if any):

Parent's/guardian's details

First name: Surname:

Address:

Post code:

Home tel (inc STD): Work tel: Mobile tel:

Emergency tel: E-mail address*:

To comply with the Data Protection Act, we must have your permission to use your e-mail address for marketing purposes. Therefore, if you would like to receive information about our courses via e-mail, please tick this box

Name and telephone number of family doctor:

Payment/authorisation details

Authorised to collect my child (other than myself):

Relationship to child:

I enclose a cheque/postal order payable to "FITC" or please charge my credit/debit card account for £.....

Cardholder's name

Visa / MasterCard / Switch number:/...../...../.....

Valid From Date:/...../..... Expiry Date:/...../..... Issue No. (if applicable):

Security Code (last three digits on card signature strip):

Declaration by parent or guardian: I wish for my son/daughter to be accepted on the above course, and I agree to the terms and conditions above and confirm that any medical condition which may affect my child's participation on the course has been fully disclosed above.

Health and safety/child protection: I also give permission for FITC / The Football League to take and use photographs of my child for future FITC / The Football League publications and publicity, administer first aid if necessary, and to transfer my child to hospital should an emergency arise.

Signature:

Print Name: Date:

Please write your child's name and booking code on the back of the cheque in top left corner, and return remittance and completed form to the address below.

Office use only: Paid: Data: Conf: