



**APPLICATION FORM – SEASON No 8 – 2017/2018**

*To be filled in by Parents / Guardians*

Name:	Surname:
Date of Birth: ____ / ____ / ____ <i>Date / Month / Year</i>	Age:
Name of Parent/Guardian:	Mobile No of Parent/Guardian:
Name of 2 <sup>nd</sup> Parent/Guardian (optional):	Mobile No:
Address:	
Town:	Post Code:
E-Mail address 1:	
E-Mail address 2:	
Does your child attend any other football school or Nursery?	YES / NO
If your answer is <b>YES</b> please list name of School/Nursery:	
Does your child suffer from any medical condition?	YES / NO
If your answer is <b>YES</b> please describe condition:	
Do you give your consent to photos and videos of your child taken for marketing and school exposure purposes?	YES / NO
Do you give your consent to group/class photos of your child to be distributed or sold to parents or guardians?	YES / NO

**Please see class time preference / notes on page 2 (overleaf) of this application form.**

\_\_\_\_\_  
Parent / Guardian signature

**Please return form to:**

Malta Futsal School, Bienvenida, Triq it-Tuffieħ, Naxxar

**Contact Persons:**

Jonathan Pisani – Mobile 7901 6016 or JeanBert Gatt – Mobile 9945 7101

**Website:** [www.maltafutsal.school.com](http://www.maltafutsal.school.com)

**E-Mail:** [info@maltafutsal.com](mailto:info@maltafutsal.com)





## Sessions

Please select your preference Tick

Friday - Class A (U/4) 4pm to 5pm	Friday - Class B (U/6) 5pm to 6pm	Friday - Class C (U/8) 4:30pm to 6pm	Friday - Class D (U/12) 6pm to 7:30pm	Friday - Class D (U/12) 6pm to 7:30pm
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**This Season - all Sessions to be held at Ta' Qali Sports Pavilion (next to Basketball Court)**

## Fees

- **MEMBERSHIP FEE: €200.00** for a **FULL** season (Fee is **Excluding KIT**) \*\*
- **KIT - €25.00** for the **SCHOOL'S KIT**. (Kit includes Top with school logo, Shorts and Socks) – Not applicable for those who have kit from season 2016/17.
- **KIT NAME** - An extra **€5.00** will be charged for those who opt to have **CHILD's Name** on kit top.

### NOTES:

**Training Sessions start as follows:**

**1<sup>st</sup> Session will start 4<sup>th</sup> Oct (Wednesday Class) or 6<sup>th</sup> Oct (Friday Class). Season ends in June 2017.**

\*\* Fees will be calculated on pro rata basis in case member starts in the middle of a term or season

### Paid by:

**Cash:** € \_\_\_\_\_

**Cheque:** Bank \_\_\_\_\_ / Cheque Number \_\_\_\_\_ / Amount € \_\_\_\_\_

*Please make cheques payable to 'Malta Futsal School'*

**I, the undersigned, hereby agree that my child follows the rules and regulation as set by the MALTA FUTSAL SCHOOL**  
(please read rules and regulations)

*follow us*



\_\_\_\_\_  
Parent / Guardian signature

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