SCHOOLS ENTRY FORM

[INSERT COMPETITION NAME HERE]

SCHOOL INFORMATION	
Name of School:	Enter your school here
Name of Cluster:	Enter the cluster name here
Name of School Games Coordinator/Organiser:	Enter a name here

MAIN POINT OF CONTACT / TEACHER IN CHARGE	
Name:	Enter a name here
Email Address:	Enter an email address here
Telephone Number:	Enter a number here
Contact mobile number on the day:	Enter a number here

TEAM ENTRY INFORMATION	
How many teams (teams of 4 players) would you like to enter? **Schools are able to enter a maximum of [X] teams**	XX

RETURN INFORMATION

Please return this form before: Insert return deadline here

To:

Insert return address information here

FAGE LTA youth schools