**HIGHWORTH TOWN FOOTBALL CLUB**

**31st ANNIVERSARY SUMMER TOURNAMENT**

**1st & 2nd JUNE 2024 APPLICATION FORM**

**Please complete a new form for each team you are entering**

**CLUB NAME: …………………………………………………………………………………**

**SECRETARY/MANAGERS NAME: ……………………………………………………….**

**MOBILE/TELEPHONE NUMBER: …………………………………………………………**

**EMAIL ADDRESS: …………………………………………………………………………….**

**AFFILIATION NUMBER: …………………………………………………………………..**

*Please fill in the relevant age group box below which you are wanting to register for and how many teams.*

**Saturday 1st June 2024**

|  |  |  |
| --- | --- | --- |
| **Age Category** | **Start Time** | **Number of teams entering** |
| Under 6’s (Festival of Football) | 09:00 |  |
| Under 9’s | 09:00 |  |
| Under 14’s  | 09:00 |  |
| Under 8’s | 14:00 |  |
| Under 12’s | 14:00 |  |

**Sunday 2nd June 2024**

|  |  |  |
| --- | --- | --- |
| **Age Category** | **Start Time** | **Number of teams entering** |
| Under 7’s (Festival of Football) | 09:00 |  |
| Under 11’s | 09:00 |  |
| Under 10’s  | 14:00 |  |
| Under 13’s | 14:00 |  |

**Please post or email completed form to tournament secretary-**

**Emma Read**

**128 Windrush or** **highworthtownfcsixaside@outlook.com**

**Highworth**

**Wiltshire**

**SN6 6BS**

**It is £35 per team - You can pay by cheque - payable to Highworth Town F.C (details on cover letter) or by Bank Transfer**

**LLOYDS BANK, Highworth Town F.C Account Number- 00201902 Sort Code- 30-13-35.**

**Please can you confirm payment transfer reference once completed and payment has been made.**