|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Name: |  | | | Age Group: | | |  | | | |
| Manager Name: |  | | | | | | | | | |
| Manager Address: |  | | | | | | | | | |
| Email Address: |  | | | Contact Number: | | |  | | | |
| Additional Team Contact: |  | | | Contact Number: | | |  | | | |
| Which competition would you like to enter? | Male | | | | | | | | | |
| Under 10 09:00-11:00 |  | Under 12 11:00-13:00 | |  | Under 14 13:00-15:00 | |  | Under 16 15:00-17:00 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Squad List** | | | |
| **Squad No.** | **Player Name**  **(First name and Family name)** | **Date of Birth** | **Parental Consent Form for photographic images and video footage (✓/X)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |

***Please return your completed form to Oxfordshire FA via email on Development@OxfordshireFA.com. Following receipt of your registration form your club will be invoiced £25 via Whole Game System Portal. Your team’s place in the competition is not confirmed until this invoice is paid by your club. Please also note that all players must be registered at your club for the team they are playing for.***