



Deano's Pro Soccer Academy

www.deanosprosoccer.com

Email: soccer.academy@ntlworld.com Mobile: 07815974009

After School Clubs

St John's Primary Academy - £35

Every Tuesday: June 4th, 11th, 18th, 25th

July 2nd, 9th, 16th 2019

3:30pm – 4:30pm

35 places – First come first served

Waddington All Saints Academy - £35

Every Friday: June 7th, 14th, 21st, 28th

July 5th, 12th, 19th 2019

3:30pm – 4:30pm

25 places – First come first served

Navenby C of E Primary School - £35

Every Thursday: June 6th, 13th, 20th, 27th

July 4th, 11th, 18th 2019

3:30pm – 4:30pm

25 places – First come first served

Ling Moor Primary School - £35

Every Thursday: June 6th, 13th, 20th, 27th

July 4th, 11th, 18th 2019

3:15pm – 4:15pm

25 places – First come first served

Waddington Redwood Primary School - £35

Every Monday: September 3rd, 10th, 17th, 24th

October 1st, 8th, 15th 2019

3:30pm – 4:30pm

20 places – First come first served

How to Pay? Please sign the attached contract and return ASAP with your payment to:

School Reception or Bank Transfer to **Natwest 60-13-15 Acc 44939124**

(NO CHEQUES WILL BE ACCEPTED)

PLEASE RETURN BEFORE TERM ENDS TO GUARANTEE A PLACE! PLEASE

REMEMBER NO PAYMENT, NO PLAY!!!!!!



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Consent Form

I would like my child to attend the soccer club at (Please tick):

- | | |
|--|--|
| <input type="checkbox"/> Waddington All Saints (7 Weeks) | <input type="checkbox"/> Navenby C of E Primary School (7 weeks) |
| <input type="checkbox"/> Ling Moor Primary School (7 Weeks) | <input type="checkbox"/> St John's Primary Academy (7 Weeks) |
| <input type="checkbox"/> Waddington Redwood School (7 Weeks) | |

I understand the training will take place outside on the school playing fields.

I agree to let Deano know directly if my child will **NOT** be attending on any Day and understand that it is my responsibility to ensure my child attends this club

I will collect my child promptly at the end of the event from the School Field.

I enclose cash or Bank Transfer to **Natwest 60-13-15 Acc 44939124** (**NO CHEQUES WILL BE ACCEPTED**
PAYMENT MUST BE MADE BEFORE HALF TERM TO RETAIN A PLACE)

Child's Name(s): _____ Age: _____

Address: _____

Medical Problems: _____

Mobile: _____ Email: _____

Signed: _____ Parent/ Carer

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(NO CHEQUES WILL BE ACCEPTED)

**PLEASE RETURN BEFORE TERM ENDS TO GUARANTEE A PLACE! PLEASE
REMEMBER NO PAYMENT, NO PLAY!!!!!!**