

July Holiday Programme:

7th -10th July from 11am to 3-30pm

Boys and Girls: 10th – 14th Grades (9 to 14 years)
(Limited to 40 participants)



Name _____

Date of Birth _____

Address _____

Home Phone _____

Team played 2008 _____ Grade _____

Parents/ Guardian
Name s _____

Contact Phone (03) _____ Mobile _____

Email _____

Method of payment: Direct through
www.cashmere-soccer.co.nz/gen/payments_jnr.htm

Or by cheque with registration.

Amount **\$40-00** please indicate (Direct or Cheque)

Cheques to be made out to Cashmere Wanderers AFC

Waiver of Liability

I give permission for my child to attend the Holiday Programme run by the Cashmere Wanderers AFC. The C.W.A.F.C. coaches will act on my behalf and notify me straight away if there is an issue that arises during a training session. I hereby waive and release all Cashmere Wanderers coaches from any liability of injuries sustained to my child whilst at the Holiday Programme training sessions.

Parent/ Guardian Signature: _____ Date: _____

Please send completed registration form and payment to:
Cashmere Wanderers
July Holiday Programme
PO Box 28 048
Christchurch