SCHOOL HOLIDAY FOOTY CLINIC

Meet players from the WEST COAST EAGLES and EAST FREMANTLE SHARKS

Monday 11th April

ATOM Stadium
(East Fremantle Oval)
9am - 1pm
(Registration from 8:30am)

Open to Primary School Aged boys & girls

$90 INCLUDES:
- Coaching
- Sharks Guernsey
- Footy
- Sharks & Eagles team posters
- Lunch

For more info or to book visit www.effc.com.au or call 9339 5533
You will need to bring: Football Gear, Drink Bottle, Hat & Sunscreen

For further information please contact EFFC on 9339 5533 or admin@effc.com.au

By registering for this clinic you give permission for your child’s photograph to be taken at the clinic and used in future promotions by EFFC. If you do not wish this to happen please contact kate.argent@effc.com.au

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Name of a friend you want be in a group with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>School Year:</td>
</tr>
<tr>
<td>Child’s Name (2):</td>
<td>Name of a friend you want be in a group with</td>
</tr>
<tr>
<td>Age:</td>
<td>School Year:</td>
</tr>
<tr>
<td>Child’s Name (3):</td>
<td>Name of a friend you want be in a group with</td>
</tr>
<tr>
<td>Age:</td>
<td>School Year:</td>
</tr>
<tr>
<td>Child’s Name (4):</td>
<td>Name of a friend you want be in a group with</td>
</tr>
<tr>
<td>Age:</td>
<td>School Year:</td>
</tr>
</tbody>
</table>

Any allergies or dietary requirements:

Parent or emergency contact:

Address:

Mobile: _______ Email: _______

Total Cost $90 x _____ = $_____

Please find enclosed cash/cheque payment of $___________ or debit my VISA / MASTERCARD

Card number: _______ _______ _______ _______ Expiry date: _____ / _____

Signature: _______ Name on card: _______

Mail to: PO Box 43 PALMYRA WA 6957
Email to admin@effc.com.au