



**MATCHDAY EXPERIENCE APPLICATION FORM**

Please print, complete and return with payment to:  
**Players Soccer Schools,  
P.O Box 3424  
Swindon  
Wiltshire  
SN2 9FA**

**FIXTURE**           **ARSENAL vs.**          

**DATE**           /          /          

**FIRST CHILD:**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ COUNTY \_\_\_\_\_

POSTCODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

MALE/FEMALE \_\_\_\_\_

ALREADY A MEMBER? PLEASE INSERT  
YOUR GUNNER MEMBERSHIP NUMBER

**SECOND CHILD:**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ COUNTY \_\_\_\_\_

POSTCODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

MALE/FEMALE \_\_\_\_\_

ALREADY A MEMBER? PLEASE INSERT  
YOUR GUNNER MEMBERSHIP NUMBER

**PARENT/GUARDIAN:**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

CONTACT NUMBER HOME \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Please ensure YOUR NAME, ADDRESS and CHEQUE GUARANTEE CARD NUMBER is written on the reverse of the cheque and return.  
Cheques should be made payable to PLAYERS SOCCER SCHOOLS.  
Please note refunds will not be available for non-attendance or cancellation.**

**TOTAL AMOUNT ENCLOSED** £

**SIGNED** \_\_\_\_\_ **PARENT / GUARDIAN**

