

BANK OF SCOTLAND
MIDNIGHTLEAGUE

APPLICATION FORM

Name:.....

male female

Address:.....

.....

.....

Postcode:.....

Age: DOB:

What is your cultural background?

White Mixed Asian Black Other

Home Tel No:.....

Parent/Guardian Daytime Tel No:.....

School:.....

Name of Team:

Signed:

Parent/Guardian:.....

Date:.....

1. Please advise of any relevant medical conditions when applying.
2. If you do not wish your child to be photographed please let us know in writing.

David Sheldon, SFA Football Development Officer
City of Edinburgh Council, 5-7 regent Road
Edinburgh, EH7 5BL

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BANK OF SCOTLAND
MIDNIGHTLEAGUE

2008

**FIVE AND SEVEN-A-SIDE
FOOTBALL CENTRES FOR
12 TO 16 YEAR OLDS**

- | | |
|--------------------|-----------------------|
| 1 Friday 27th June | 6 Friday 1st August |
| 2 Friday 4th July | 7 Friday 8th August |
| 3 Friday 11th July | 8 Friday 15th August |
| 4 Friday 18th July | 9 Friday 22nd August |
| 5 Friday 25th July | 10 Friday 29th August |

7.30-9.00pm **FREE**



Leith Academy, 20 Academy Park, Edinburgh, EH6 8JQ

