



JUNIOR SHOTS CLUB



APPLICATION FORM 2017/18

PLEASE USE **ONE** FORM FOR **EACH** JUNIOR SHOTS CLUB APPLICATION

***Please provide two recent passport size photos and proof of age (10 or under on 31.8.17)**

JUNIOR SHOT

First Name		Surname			
Address				Town	
Postcode		Age		Date of Birth	
Membership at £10 per season		Cheque (made payable to Aldershot Town FC) or cash enclosed			
Where do you watch the match from?					

PARENT/GUARDIAN

Relationship to Junior Shot		Title (ie Mr/Mrs etc)	
First Name		Surname	
Address			
Home Phone		Mobile Phone	
Email			

I would like (name) to be a member of the Junior Shots Club for the season 2017/18.

Parent or Guardian Signature		Date	
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Photos

We would like to take photos of the Junior Shot Club members at various times throughout the season, which will be provided to you. However, we would also like to use these in promotional material for the Junior Shots but need your consent to do this.

I give permission for photos taken of (name) at any Junior Shot related event to be used in promotional material for the Junior Shots Club.

Parent or Guardian Signature		Date	
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It would be helpful for us to have some information about our Junior Shot members, such as school, favourite player, any other team supported, participation in any football team and position, other sporting interests, first Shots game, etc. Please can you provide a short paragraph in the box below (and on a separate sheet if necessary).

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**Please submit form to ATFC Ticket Office, EBB Stadium, High Street, Aldershot GU11 1TW
EITHER IN PERSON OR BY POST.**

***Please make sure the form is signed and includes payment, proof of age and x2 passport sized photos. Thank you.**