



**Soccer Camp Member Details**

Childs Name.....Date Of Birth.....

Parents Name.....Date Of Birth.....

Email.....Mobile.....

Address.....

Postcode.....Home Telephone.....

Any Medical Conditions    Yes                       No

If yes please provide information.....

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.....



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If yes please provide information.....

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# Comp sheet

Team 1 –

Team 2 –

Team 3

Team 4 -

Time	Fixture				
1.05	Team 1		VS		Team 2
1.11	Team 3		VS		Team 4
1.17	Team 1		VS		Team 4
1.23	Team 3		VS		Team 2
1.29	Team 1		VS		Team 3
1.35	Team 4		VS		Team 2
1.40	Drink / Toilet Break				
1.45	Team 2		VS		Team 1
1.51	Team 4		VS		Team 3
1.57	Team 4		VS		Team 1
2.03	Team 2		VS		Team 3
2.09	Team 3		VS		Team 1
2.15	Team 2		VS		Team 4

## The 3<sup>rd</sup> place play off Final

2.21			VS		
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## The 1<sup>st</sup> / 2<sup>nd</sup> place Final

2.26			VS		
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**2:32pm** - Children to collect all belongings and line up in their group at the designated pick up area by 2.45pm and coach to make a note on register when parents collect them.