



SOCCER MAYHEM 2003 – THE REPLAY FIVE-A-SIDE FOOTBALL COMPETITION

Bank Holiday Monday 5 May 2003, Kick-off: 12.30pm

JJB Soccer Dome, Trafford Way, Trafford Park, Manchester M17 8DD

Please complete this form to register your team, and return it by post to Petra Goldstone, UJIA, Joseph Mamlock House, 142 Bury Old Road, Manchester M8 4HE or fax to (0161) 740 7407.

Please tick the box as your Gift Aid declaration allows Fuzion UJIA to receive the tax already paid on your donation from the government at no extra cost to you

Team Name: _____

Player 1 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

Player 2 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

Player 3 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

Player 4 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

Player 5 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

Sub 1 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

Sub 2 Name: _____

Home Address: _____

Post Code: _____

Tel No: _____

Age: _____

E-mail: _____

Gift Aid Declaration

ALL PAYMENTS MUST BE MADE PRIOR TO THE EVENT OR TEAMS WILL NOT BE ALLOWED TO TAKE PART.

METHOD OF PAYMENT:

Number of team members _____ @ £10 per player

Total payment due £ _____

I enclose a Cheque made payable to **UJIA**.

Please debit my AMEX/VISA/MASTERCARD/ACCESS/*SWITCH (Delete as appropriate).

CARD NO.

VALID FROM

EXPIRY DATE

*SWITCH
ISSUE NO.

For further information contact Petra on 0161 740 1825 or petra@ujia.org

All teams must register before Monday 14 April 2003.



youngleadership