

**U14 LEAGUE BOOKING FORM:**

**TEAM NAME:**

**TEAM MANAGER:**

**PLEASE CONFIRM IF YOU ARE ATTENDING ANY OF THE FOLLOWING EVENTS AND HOW MANY TEAMS YOU WILL BE BRINGING:**

**11<sup>TH</sup> MARCH – LLJFC**

**22<sup>ND</sup> APRIL – LLJFC**

**15<sup>TH</sup> JUNE - LLJFC**

**PLEASE RETURN THIS FORM TO:  
HELEN SLEE  
SOUTH LONDON SPECIAL LEAGUE  
LONDON MARATHON PLAYING FIELDS  
304 SHOOTERS HILL ROAD  
LONDON  
SE18 4LT**

**Or:**

**[helenlouiseslee@gmail.com](mailto:helenlouiseslee@gmail.com)**

**PLEASE NOTE THAT SHIN PADS MUST BE WORN AND STUDS ARE NOT PERMITTED**

