

**U16 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:**

**25<sup>TH</sup> FEBRUARY – LLJFC**

**27<sup>TH</sup> APRIL – 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**



Registered Charity Number 11224629