

(Please delete as applicable)

Name of School:

Tel No:

Address:

Contact Name:

Fax No:

When would you like the coaching to start? (Please detail below)

PREFERRED DATES

SECOND CHOICE

Day:

Day:

Start & Finish Date:

Start & Finish Date:

Time:

Time:

Total No of Weeks:

Total No of Weeks:

PLEASE STATE (APPROXIMATELY)

Group Size

Age Group:

Coaching Surface: * Delete as applicable *

Size of Area: (e.g. Restricted, Open)?

Please tick the activity that will be delivered:

Football	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Gaelic Football	<input type="checkbox"/>	Tag Rugby	<input type="checkbox"/>
Multi Skills	<input type="checkbox"/>	Mini Tennis	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Dodgeball	<input type="checkbox"/>
Kwik Cricket	<input type="checkbox"/>	Athletics	<input type="checkbox"/>	Rounders	<input type="checkbox"/>	Dance	<input type="checkbox"/>

Are there any other sports that you would like to be offered?

Signed:

Date:

(Please note that cheques for the after school clubs should be made payable to 'WFC's CSE Trust')