



ACTONIANS CRICKET CLUB JUNIOR INDOOR TRAINING BOOKING FORM - SOFTBALL

Please complete for the sessions you wish to book and send your completed form by email (scanned) to Clifford Pile (clifford.pile@ntlworld.com). Payment to be made by bank transfer into the Actonians Junior Account: Old Actonians Association Cricket Club Colts Section; Barclays Bank Sort Code = 20-27-48; Account Number = 40149543 with the reference INDOOR/YOUR CHILDS NAME. **Please confirm payment when emailing Clifford Pile your form.**

PLEASE ENSURE YOU COMPLETE THE CONTACT AND MEDICAL INFORMATION SECTIONS

DATE	TIME	NAME OF PLAYER
Saturday 4 th November 2023	2.00pm to 3.00pm	
Saturday 11 th November 2023	2.00pm to 3.00pm	
Saturday 18 th November 2023	2.00pm to 3.00pm	
Saturday 25 th November 2023	2.00pm to 3.00pm	
Saturday 2 nd December 2023	2.00pm to 3.00pm	
Saturday 9 th December 2023	2.00pm to 3.00pm	
Saturday 16 th December 2023	2.00pm to 3.00pm	
January 6 th January 2024	2.00pm to 3.00pm	
January 13 th January 2024	2.00pm to 3.00pm	
Saturday 20 th January 2024	2.00pm to 3.00pm	
Saturday 27 th January 2024	2.00pm to 3.00pm	
Saturday 3 rd February 2024	2.00pm to 3.00pm	
Saturday 10 th February 2024	2.00pm to 3.00pm	
Saturday 17 th February 2024	2.00pm to 3.00pm	
Saturday 24 th February 2024	2.00pm to 3.00pm	
Saturday 2 nd March 2024	2.00pm to 3.00pm	
Saturday 9 th March 2024	2.00pm to 3.00pm	
Saturday 16 th March 2024	2.00pm to 3.00pm	
Saturday 23 rd March 2024	2.00pm to 3.00pm	
Saturday 30 th March 2024	2.00pm to 3.00pm	
Saturday 6 th April 2024	2.00pm to 3.00pm	TASTER SESSION

Venue: Reynolds Sports Centre (Acton Ark Academy School), Gunnersbury Lane, Acton W3 8EY

NUMBER OF SESSIONS BOOKED: _____ TOTAL: £ _____ (£5.00 per session)



CONTACT INFORMATION	
Name of Parent/Guardian:	
Address:	Post Code:
Home Tel Number:	Mobile/Emergency Number:
Parents Email:	
MEDICAL INFORMATION	
Please detail any important medical or personal information that our coaches need to know in relation to your child's participation. Such as: allergies; medical conditions (e.g. Asthma etc.); any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us	
Current medication/medication required:	