|  |  |
| --- | --- |
| Date of Match |  |
| Full Name |  |
| Age |  |
| Favourite Stags Player |  |
| Size / Shirt type |  |
| Parent / Carer Name |  |
| Contact |  |
| Email |  |

Photo consent for above child agreed by Parent / Guardian:

*Please return this form to* *bookings@mansfieldtownct.net* *and we’ll get back to you whether your chosen game is still available!*