|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **First name** | **Last name** | **Email address** | **Emergency contact information****(Name and telephone number)** | **Are you happy to be contacted about future charity work by Eyup!?** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |



**Please return all team registration forms no later than Monday 13 January to Hannah Burton at:** **hannah.burton@swyt.nhs.uk**

**First name:** ……………………………………………….

**Last name:** ……………………………………………….

**Team name:** ………………………………………………

**Team information**

Barnsley FC EyUp! Charity Cup -

team registration form