



INDIVIDUAL APPLICATION FORM

Name: _____

Contact address: _____

Contact e-mail address: _____

Contact phone number: _____

Payment enclosed (£25.00 cheques to be made payable to: Coventry Charity Football Cup) Please tick

Signed: _____

Date: _____

Please return the form, with payment, to: Coventry Charity Football Cup, 21 Alice Close, Bedworth, Warwickshire CV12 0BS

On behalf of the Executive Committee of the Coventry Charity Football Cup, I would like to thank you for becoming 'A Friend of the Coventry Charity Football Cup'.

You can be assured that every penny of your donation will be donated to local charities within Coventry & Warwickshire.

Kind Regards,

Richard Aston
CHAIRMAN
Coventry Charity Football Cup

FOR OFFICE USE ONLY

Membership No: _____

Start Date: _____

Renewal Date: _____

Dealt by: _____