

Additional Youth Players Details			
Third Childs Name	Age Group	DOB	School
Fourth Childs Name	Age Group	DOB	School
	Under		
Fifth Childs Name	Age Group	DOB	School
	Under		

Payment Details

(Tick box as appropriate)

Cash

I enclose the sum of _____ (Please request a receipt if required)

Cheque

I attach a cheque for _____ payable to 'Reading Youth Rugby'

***Once completed please return with payment
to your Team Manager or the Youth Membership Secretary.***

*Reading RFC uses the Rugby Football Union 'Rugby First' database to manage membership matters and to keep your information secure. We cannot register your details unless this form is fully completed.
More information is available at www.readingrfc.co.uk.*

