

# SPORTS ACADEMY APPLICATION FORM

(To be returned by deadline 11/5/12)



## Applicant Details

Name:.....

Address: .....

..... Postcode:.....

Contact number:..... Email Address:.....

Tel no to contact in emergency (include name and number): .....

.....

Date of Birth:..... Gender: .....

School: .....

Course you are applying for:.....

.....

Which Sporting Academy are you interested in:

Volleyball

Football

Golf

Please provide details of playing experience/achievements to date:.....

.....

.....

.....

.....

Why do you consider yourself to be a suitable candidate for Southport College Sporting Academies? .....

.....

.....

.....

.....

Please provide a relevant contact who can support your application (i.e. Club coach, Sport Tutor)

Name:.....

Address: .....

..... Postcode:.....

Contact number:..... Email Address:.....

Return to:

Sports Academy Admissions, Southport College, Mornington Road, Southport, PR9 0TT