

“FC REYS9” school participation application

Futsal (Monday) / Soccer (Wednesday)

hope school *Please circle your preference. Both possible.

full name player

Date of birth : Western calendar

School year

school name

Parent name

email address

telephone number — —

post code 〒 —

address

remarks

* Payments (monthly fees, membership fees, annual fees (including sports insurance fees), etc.) will be made by credit card.

* I agree to the World Soccer Clinic Membership Terms and Conditions ()

World Soccer Clinic, a non-profit organization

Person in charge: Kuniaki Takahashi 080-4121-1012 Email: worldsoccerclinic2023@gmail.com

