

Football Residential Application

INTERNATIONAL RESIDENTIAL SCHOOLS

TODAYS DATE	DD/MM/YYYY	PLEASE SAVE THIS DOCUMENT AS: RSA.your full name
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GUARDIAN/PARENT DETAILS

FIRST NAME	FULL NAME
LAST NAME	FULL NAME
EMAIL ADDRESS	EMAIL ADDRESS
TELEPHONE/CELL/MOBILE NUMBER	TELEPHONE/CELL/MOBILE NUMBER

ADDITIONAL GUARDIAN/PARENT DETAILS (OPTIONAL)

FIRST NAME	FULL NAME
LAST NAME	FULL NAME
EMAIL ADDRESS	EMAIL ADDRESS
TELEPHONE/CELL/MOBILE NUMBER	TELEPHONE/CELL/MOBILE NUMBER

PLAYER DETAILS

FIRST NAME	FULL NAME
LAST NAME	FULL NAME
DATE OF BIRTH	DD/MM/YYYY
NATIONALITY	IF MORE THAN ONE, PLEASE ADD
COUNTRY CURRENTLY RESIDING IN	IF MORE THAN ONE, PLEASE ADD

PROGRAMS INTERESTED IN

PLEASE OUTLINE THE ACADEMIC QUALIFICATIONS & LEVEL (O GRADE, HIGHERS, HNC, DEGREE ETC) DESIRED, AS WELL AS WHAT COUNTRIES YOUR SON/DAUGHTER IS INTERESTED IN ATTENDING? PLEASE ADD ANY OTHER INFORMATION YOU DEEM IMPORTANT.

INFORMTION

OUTLINE YOUR ANNUAL BUDGET	\$10,000 - \$50,000
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FOR OFFICE USE
REGISTER NUMBER/CATEGORY

*THIS FORM CAN BE FILLED IN DIGITALLY, I.E. NO NEED TO PRINT. PLEASE THINK OF THE ENVIROMENT.
PLEASE RETURN THIS FORM TO: info@harcuscg.com

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