**TORQUAY ACADEMY**

**Registration Form - Football Academy**

**Aptitude Test Date: Saturday 3rd October 2020**

**9.00am – 12.00pm**

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Date of Birth |  | Gender |  |
| Address |  | | |
| Town |  | | |
| County |  | Post Code |  |
| Parent Contact Name |  | | |
| Home Tel. |  | Mobile Tel. |  |
| Email |  | | |
| Current School |  | | |

**Parent Signature:**

|  |  |
| --- | --- |
| Signed (e-signature also accepted) |  |
| Print Name |  |
| Date |  |

Please return completed registration forms by 18th September 2020 to: [admin@tqacademy.co.uk](mailto:admin@tqacademy.co.uk) or send direct to Torquay Academy, Cricketfield Road, Torquay, TQ2 7NU.