



**SPECIALISTS IN THE FILMING
OF AMATEUR &
SEMI-PROFESSIONAL
(NON-LEAGUE)
FOOTBALL MATCHES**

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PARENTAL PERMISSION FORM FOR THE FILMING OF YOUTH MATCHES

YOUR TEAM'S NAME:.....
TEAM MANAGER'S NAME:..... **TEAM MANAGER'S SIGNATURE:**.....
 OPPONENTS:.....
 COMPETITION:.....
 VENUE:.....
 DATE OF MATCH:.....

PLAYER'S NAME (Please Print)

PARENT/GUARDIAN'S NAME (Please Print)

PARENT/GUARDIAN'S SIGNATURE

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PLEASE COMPLETE THIS FORM AND HAND IT TO THE CAMERAMAN ON HIS ARRIVAL AT THE VENUE
 We may not be able to film your match if we cannot present a fully completed form to the Competition organisers.