ACTONIANS CRICKET CLUB
JUNIOR INDOOR TRAINING BOOKING FORM - HARDBALL

Please complete for the sessions you wish to book and send your completed form by email (scanned) to Clifford Pile (clifford.pile@ntlworld.com). Payment to be made by bank transfer into the Actonians Junior Account: Old Actonians Association Cricket Club Colts Section; Barclays Bank Sort Code = 20-27-48; Account Number = 40149543 with the reference INDOOR/YOUR CHILDS NAME. Please confirm payment when emailing Clifford Pile your form.

PLEASE ENSURE YOU COMPLETE THE CONTACT AND MEDICAL INFORMATION SECTIONS

DATE	TIME	TYPE OF TRAINING	NAME OF PLAYER
Saturday 21st November 2026	3.30pm to 5.00pm	INDOOR MATCH	
Saturday 28th November 2026	3.00pm to 5.00pm	MIXED	
Saturday 5th December 2026	3.00pm to 5.00pm	GIRLS ONLY	
Saturday 12th December 2026	3.00pm to 5.00pm	MIXED	
Saturday 19th December 2026	3.00pm to 5.00pm	MIXED	
Saturday 9th January 2027	3.30pm to 5.00pm	INDOOR MATCH	
Saturday 16th January 2027	3.00pm to 5.00pm	GIRLS ONLY	
Saturday 23rd January 2027	3.00pm to 5.00pm	MIXED	
Saturday 30th January 2027	3.00pm to 5.00pm	MIXED	
Saturday 6th February 2027	3.00pm to 5.00pm	GIRLS ONLY	
Saturday 13th February 2027	3.00pm to 5.00pm	MIXED	
Saturday 20st February 2027	3.00pm to 5.00pm	MIXED	
Saturday 27th February 2027	3.00pm to 5.00pm	MIXED	
Saturday 6th March 2027	3.00pm to 5.00pm	GIRLS ONLY	
Saturday 13th March 2027	3.00pm to 5.00pm	MIXED	
Saturday 20th March 2027	3.00pm to 5.00pm	MIXED	
Saturday 27th March 2027	3.00pm to 5.00pm	MIXED	
Saturday 3rd April 2027	3.00pm to 5.00pm	MIXED	
Saturday 10th April 2027	3.00pm to 5.00pm	MIXED	

Venue: Reynolds Sports Centre (Ark Acton Academy School), Gunnersbury Lane, Acton W3 8EY

NUMBER OF SESSIONS BOOKED: _____ TOTAL: £ _____ (£10.00 per session)

CONTACT INFORMATION		
Name of Parent/Guardian:		
Address:		**Post Code:**
Home Tel Number:	**Mobile/Emergency Number:**	
Parents Email:		

MEDICAL INFORMATION	
Please detail any important medical or personal information that our coaches need to know in relation to your child's participation. Such as: allergies; medical conditions (e.g. Asthma etc.); any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us	
Current medication/medication required:	