



**Seaton Park Primary School
Specialist Soccer and Futsal Program**

Application Form

Name: _____ Date of birth: _____

Parent name/s _____

Address: _____

Phone: _____ Alternative phone: _____

Email: _____

Current School: _____ Year level: _____

Current club if playing club: _____

Please answer the following questions:

1. Why would you like to be part of the Specialist Soccer and Futsal Program at Seaton Park Primary School?

2. What experience do you have in playing soccer and futsal?

Return to esther.williams496@seatonpk.sa.edu

OR

80 Balcombe Street, Seaton, SA, 5023

