

CARDIFF CITY FC & PETER'S FOODS PAN DISABILITY SOCCER SCHOOL



Tuesday 28th October

10am – 3pm

**The Sports Yard, Unit 3,
Parc Busnes Treorci, Treorchy,
Rhondda, CF42 6EP**



- Sessions are for all ambulant disabilities from the ages of 5-18. Participants will be split into relevant groups to enjoy a great day with full of fun sessions, games and competitions.
- Taking place on an Indoor 3G pitch
- All participants will receive a certificate and a prize!
- Please ensure all participants attend with food, drinks and appropriate clothes
- To book, please fill out the application form on the rear of this flyer, or email your interest to the address's below



**Free to
attend**

For more information, please contact:

Ashley Thomas

e: ashley.thomas@cardiffcityfc.co.uk

t: 07538 812774

www.cardiffcityfoundation.co.uk



Community & Education
FOUNDATION
Cardiff City FC

CARDIFF CITY FC PAN DISABILITY SOCCER SCHOOL



Friday 31st October

10am – 2pm

**Channel View Leisure Centre,
Jim Driscoll Way, Cardiff,
CF11 7HB**

- Sessions are for all ambulant disabilities from the ages of 5-18. Participants will be split into relevant groups to enjoy a great day with full of fun sessions, games and competitions.
- Taking place on an Indoor 3G pitch
- All participants will receive a certificate and a prize!
- Please ensure all participants attend with food, drinks and appropriate clothes
- To book, please fill out the application form on the rear of this flyer, or email your interest to the address's below



£15
for the
day



For more information, please contact:

Ashley Thomas

e: ashley.thomas@cardiffcityfc.co.uk

t: 07538 812774

www.cardiffcityfoundation.co.uk



Community & Education
FOUNDATION
Cardiff City FC

APPLICATION FORM



Full Name:

.....

Gender:

.....

Date of Birth:

.....

Email:

.....

Home & Mobile Numbers:

.....

Parent / Carer Name:

.....

Parent / Carer Relationship to the player:

.....

Contact Number:

.....

Impairment Details

Information on the participants disability (please include information on any behavioural difficulties, or equipment used i.e. wearing hearing aids, etc):

.....
.....
.....

Anything the participant needs help with (i.e. walking, communicating, ect):

.....
.....
.....

Any medical information (i.e. any medication, asthma, epilepsy, ect):

.....
.....
.....

