

CONTACT FORM

Dear parents, if you are considering to register your child at the Michel Hidalgo International Football Academy in Antibes, France, please fill up the following questionnaire (or the registration form)

FIRST NAME of your child: ..... Date of birth: .....

City and country where he lives: .....

Nationality: .....

Spoken language(s):  English  French  other : .....

Name of his football club, and city:.....

Position: ..... How many years has he been playing football .....

Specificities, skills: .....

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*For information, we will not accept applications from players originated from the following countries if they do not yet have a Schengen visa : Algeria, Benin, BurkinaFaso, Cameroon, Centrafica, Congo, Ivory coast, Gabon, Guinea, Madagascar, Mali, Mauritania, Niger, Tchad, Togo, considering that visa delivery is systematically refused by the Embassies in these countries*

Have you read all the pages of our website [www.hidalgo-football-academy.fr](http://www.hidalgo-football-academy.fr) ?      yes      no

Have you visited our Instagram?      yes      no

Which programme will you enrol him:      17 August 26 – 24 May 27      7 September 26 – 19 April 27

Do you know about the registration fees?      yes      no

Do you have any particular questions? .....

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YOUR NAME AND FIRST NAME (parent): .....

Your tel: .....

Your mail address: .....

Please send this form along with a copy of your son's passport to :

Mme Laurence POTIER, [president@hidalgo.academy](mailto:president@hidalgo.academy)