



# CPD Porthmadog FC

**Ysgolion Pêl Droed Canol Wythnos / Midweek Soccer Schools**

## **Ffurflen Archebu / Booking Form**

Enw/Name .....

Cyfeiriad/Address .....

.....

Dyddiad Geni/Date of Birth .....

Rhif Ffôn Argyfwng / Emergency Tel. No. ....

## **Dyddiadau'r Sesiynau / Session Dates**

Meh/June 27	<input type="checkbox"/>	Gorff/July 4	<input type="checkbox"/>	Gorff/July 11	<input type="checkbox"/>
Goff/July 18	<input type="checkbox"/>	Awst/Aug 1	<input type="checkbox"/>	Awst/Aug 8	<input type="checkbox"/>

Ticiwch wrth y sesiynau rydych eisiau mynd iddynt.  
Please tick the sessions you would like to attend.

Dychwelwch y ffurflen i / Please return the form to:

**GERALLT OWEN, 56 MAES GERDDI, PORTHMADOG LL49 9LE**

Gellir talu ar y dydd / Payment can be made on the day