



TEAM REGISTRATION 2019/20

Please complete each section clearly

TEAM NAME _____

AGE GROUP/WOMEN'S _____

SEASON *2019/2020*

MANAGER CONTACT NAME _____

MOBILE NUMBER (A mobile number must be provided for Fulltime text result system)

EMAIL ADDRESS (Please print clearly) _____

CLUB SECRETARY _____

ADDRESS _____

_____ **POST CODE** _____

TELEPHONE NUMBER _____

EMAIL _____

CLUB WELFARE OFFICER _____

ADDRESS _____

_____ **POST CODE** _____

TELEPHONE NUMBER _____

EMAIL _____

PITCH VENUE _____

DIRECTION _____

_____ POST CODE _____

TEAM COLOURS _____

The Chairman and the Secretary of each Club shall complete and sign the following agreement which shall be deposited with the 'League' together with the Application for Membership for the coming season, or upon indicating that the Club intends to compete.

"We, _____ of _____ (Chairman) and
_____ of _____ (Secretary)
of the _____ Club

Football Club have been provided with a copy of the Rules and Regulations of the Norfolk Women's & Girls Football League and do hereby agree for and on behalf of the said Club, if elected or accepted into Membership, to conform to those Rules and Regulations and to accept, abide by and implement the decisions of the Management Committee of the 'League', subject to the right of appeal in accordance with Rule 16."

Any alteration of the Chairman and /or Secretary on the above Agreement must be notified to the _____ Norfolk _____ County Football Association(s) to which the Club is affiliated and to the General Secretary of the 'League'.

(Note: The spaces above are intended for the inclusion of the signatures and addresses of officers and members).

Please indicate team entry fee payment details as below:

Paid by BACS: Date of payment: Amount £.....

Paid by cheque: Date of payment:..... Amount £.....