TEAM REGISTRATION 2019/20

Please complete each section clearly

TEAM NAME_____

AGE GROUP - U9 U10 U11 U12 U13 U14 U15 U16 U18 Ladies 7 Ladies 11

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 7."

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 £…….