

TEAM REGISTRATION 2024/25

Please complete each section clearly

TEAM NAME
AGE GROUP - U7□ U8□ U9□ U10□ U11□ U12□ U13□ U14□ U15□ U16□ U18□ Ladies 7□ Ladies 11□
SEASON 2024/2025
MANAGER CONTACT NAME
MOBILE NUMBER (A mobile number must be provided for Fulltime text result system)
EMAIL ADDRESS (Please print clearly)
I give consent for my name, email address and contact mobile number to be visible on NWGF website - Yes \Box No \Box
CLUB SECRETARY
ADDRESS
POST CODE
TELEPHONE NUMBER
EMAIL
CLUB WELFARE OFFICER
ADDRESS
POST CODE
TELEPHONE NUMBER
EMAIL
DITCH VENILE

DIRECTION_				
			POST CODE	
TEAM COLO	URS			
_	ntact details will be availabated consent above for the		ers only area of the leag	gue website
shall l	hairman and the Secretary of ea be deposited with the 'League' t n, or upon indicating that the Cl	ogether with the App	olication for Membership fo	-
"We,	,0	f		_(Chairman) and
	of	f		_(Secretary)
of the		Club		
Girls I into M the d	all Club have been provided wit football League and do hereby a Membership, to conform to thosecisions of the Management Cordance with Rule 7."	gree for and on behale Rules and Regulation	alf of the said Club, if electe	d or accepted and implement
Norfo	Iteration of the Chairman and /olk County Football Association(seague'.	-	_	
(<i>Note</i>	: The spaces above are intended	d for the inclusion of	the signatures and address	es of officers and
Please indicate	e team entry fee payment detai	ls as below:		
Paid by BACS:	Date of payment:	A	mount £	