



North Dublin Schoolboys League
Metropolitan Girls League

SEASON 20__ / 20__
OFFICIAL APPLICATION

 FORM MUST BE FULLY COMPLETED

MGL (Please Tick Age Group)	
Under 8s (4 aside)	Under 13s (9 aside)
Under 9s (5 aside)	Under 14s (11 aside)
Under 10s (5 aside)	Under 15s (11 aside)
Under 11s (7 aside)	Under 16s (11 aside)
Under 12s (7 aside)	Under 18s (11 aside)

NAME OF CLUB:

HON. SECRETARY OF CLUB:

ADDRESS:

PHONE: MOBILE: EMAIL:

CLUB CHILDREN'S OFFICER:

ADDRESS:

PHONE: MOBILE: EMAIL:

TEAM MANAGER:

ADDRESS:

PHONE: MOBILE: EMAIL:

AGE GROUP:

SECTION & POSITION IN LEAGUE LAST SEASON:

SECTION

POSITION

CLUB COLOURS:

ALTERNATIVE COLOURS:

GROUND AND NUMBER: KO TIME:

STATE IF SHARING - NAME CLUBS AND LEAGUES:

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DRESSING FACILITIES: YES NO

Please State whether your ground is:

1. Under the Control of the Board of Works

2. Under the Control of the Dublin Corporation

3. Under the Control of Fingal County Council

4. Or Privately Owned

(Bus No. to Ground)

<u>FOR OFFICIAL USE ONLY</u> Accepted: Date: Section:

<u>CLUB INSURANCE DETAILS</u> Company (not broker) Public Liability No.: Expiry Date: Personal Accident No.: Expiry Date:
