



Metropolitan Girls League

**SEASON 2018/2019
OFFICIAL APPLICATION**

FORM MUST BE FULLY COMPLETED

MGL (Please Tick Age Group)		
Under 8s (4 aside)	<input type="checkbox"/>	Under 13s (9 aside)
Under 9s (5 aside)	<input type="checkbox"/>	Under 14s (11 aside)
Under 10s (5 aside)	<input type="checkbox"/>	Under 15s (11 aside)
Under 11s (7 aside)	<input type="checkbox"/>	Under 16s (11 aside)
Under 12s (7 aside)	<input type="checkbox"/>	Youths (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:

.....

DRESSING FACILITIES: YES NO

Please State whether your ground is:

- 1. Under the Control of the Board of Works
- 2. Is an All Weather Pitch
- 3. Under the Control of a City or County Council
- 4. Or Privately Owned

(Bus No. to Ground)

FOR OFFICIAL USE ONLY

Accepted:

Date:

Section:

CLUB INSURANCE DETAILS

Company (not broker)

Public Liability No.: Expiry Date:

Personal Accident No.: Expiry Date:

