

Bradford & District Keybury Junior League

Secretary

Sharon Walshe
16, Pintail Avenue,
Clayton Heights.
Bradford.
BD6 3XX

Telephone: 07815 712197
Email: swalshe66@gmail.com

Entry Form - Season 2017/2018

<i>Name of Club:</i>	
<i>Secretary's Name:</i>	
<i>Address:</i>	
<i>Postcode:</i>	
<i>Email Address:</i>	
<i>Phone Number:</i>	

Teams to be entered for the above club are:

Please enter teams (insert number of teams) for the following age groups: -

Under 7's (5 v 5)

Under 8's (5 v 5)

Under 9's (5 v 5)

Under 10's (5 v 5)

Under 11's (5 v 5)

Under 12's (5 v 5)

Under 13's (5 v 5)

Under 14's (5 v 5)

Under 15's (5 v 5)

Under 16's (5 v 5)

Under 9's (7 v 7)

Under 10's (7 v 7)

Under 11's (7 v 7)

Under 12's (7 v 7)

Under 13's (7 v 7)

Under 14's (7 v 7)

Under 15's (7 v 7)

Under 16's (7 v 7)

Under 11's (9 v 9)

Under 12's (9 v 9)

Under 13's (9 v 9)

Under 14's (9 v 9)

Under 15's (9 v 9)

Under 16's (9 v 9)

We acknowledge that the club wishes to enter the above number of teams. We also understand that should any of the above teams withdraw from the league after 31st May 2017 the club will pay fines of £50 per team as per rule 14b.

We also agree for and on behalf of the club to, if elected or accepted into membership, conform to the Rules and Regulations of the League and to accept, abide and implement the decisions of the Management Committee of the Competition, subject to the right of appeal in accordance with Rule 16. Any alteration of the Chairman and/or Secretary on the below agreement must be notified to the County FA to which the club is affiliated and to the League Secretary.

All League Fees to be paid to the League Treasurer by 31st August 2015 prior to the commencement of the season in accordance with rule 2b and 2c.

We also undertake to supply as per rule 2e in writing to the League Secretary on or before 31st August the following information: - The clubs County Affiliation Number and any other information required by the competitions. Also, as rule 2f by 31st August a list of at least 7 players (5 v 5), 9 players (7 v 7) & 11 players (9 v 9) signed on and which teams they are to represent.

Name:

Address:

Telephone Number:

Signed:(Chairman)

Name:

Address:

Telephone Number:

Signed:(Secretary)

To avoid having this Application Form returned:

PLEASE CHECK THAT ALL PARTS ARE COMPLETED CORRECTLY & CLEARLY

Closing Date for Entries: 31st May 2017

Club Details

These details should be completed by 31st May or they may NOT be entered into the Club Details

Club Name: _____

Secretary:

Address:
.....

Postcode:

CRB Number: Expiry Date:

Telephone Number:

Mobile Number:

Email:

League Representative:

Address:
.....

Postcode:

CRB Number: Expiry Date:

Telephone Number:

Mobile Number:

Email:

Welfare Officer:

Telephone Number:

Mobile Number:

Email:

CRB Number: Expiry Date:

Manager Details

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Manager Details

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Manager Details

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Manager Details

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Age Group: _____

Team Name: _____

Manager: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Level 1: Yes No

CRB Number: _____

Expiry Date: _____

Ground Details

Club Name: _____

Age Group	Directions to ground (with postcode)

Please use the box below to show age groups of any girl's teams you may wish to enter into a GIRLS League

Age Group	Number of Teams

Supplementary Information *Clubs should not enter teams into the league unless they have the minimum requirement of players and sufficient adults to run the team on a regular basis. If you have any information you wish to be taken into account please enter details in the box below.*