



Application for Affiliation for Season 2020-2021



On behalf of _____ AFC. We wish to apply for affiliation to Carlow & District Football League

It is the intention of the above named Club to field the following team/s from the start of the season:-

Junior: 'A' 'B' 'C' Yths U17 U18 U19 Women's

[PLEASE TICK APPROPRIATE BOX]

The following are the officers of the Club, who may also be a delegate to League Council.

Chairman: _____ **Secretary:** _____

Address _____ Address _____

Phone: _____ Phone: _____

Mobile: _____ Mobile: _____

E-mail: _____ **E-mail:** _____ (**COMPULSORY**)

Treasurer: _____ Mobile _____

P.R.O.: _____ Mobile _____

Child Welfare Officer _____ Mob: _____

1st Team Manager: _____ Mob: _____

2nd Team Manager _____ Mob: _____

3rd Team Manager _____ Mob: _____

Youths Team Manager _____ Mob: _____

Women's Team Manager _____ Mob: _____

We hereby as a Club and Committee thereof undertake to abide by and be governed by the Rules of the League and its Policies, the Leinster Football Association the Rules of the Football Association of Ireland as amended from time to time, and undertake to extend our full co-operation to the League and Match Officials in the execution of their duties.

For on behalf of _____ AFC. Signed: _____

Date: _____ 2019

Secretary

CLUB TEAM/S AND GROUND DETAILS

Pitch Location: _____

Landmark: _____

Colours:	HOME	AWAY
1 st Team	_____	_____
2 nd Team	_____	_____
3 rd Team	_____	_____
Women's	_____	_____
Youths	_____	_____

Public Liability Insurance (compulsory) is with:

Policy Number: _____ **Policy Expires on:** _____

Phone Contact: _____

Personal Accident Insurance for Players (Optional but highly recommended) is with:

Policy Number: _____ *Date Expires on;* _____

Phone Contact: _____

****** Public Liability Insurance is compulsory before any team can play. ******
****** Photo copy of the up-to date cover must accompany this application ******