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

**Metropolitan Girls League**

**SEASON 20\_\_/20\_\_**

**OFFICIAL APPLICATION**

FORM MUST BE FULLY COMPLETED

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

3. Under the Control of a City or County Council

(Bus No. to Ground) …………………………………………………...............

.

2. Is an All Weather Pitch

4. Or Privately Owned

**FOR OFFICIAL USE ONLY**

Accepted: …………………………………………

Date: ……………………………………………...

Section: …………………………………………...

. **CLUB INSURANCE DETAILS**

Company (not broker) ………………………………………………….....

Public Liability No.: .............................. Expiry Date: .................... ...

Personal Accident No.: ………………… Expiry Date: ………………....

**All Correspondence to: Hon. Secretary, MGL Oscar Traynor Centre, Oscar Traynor Road, Dublin 17**

**Ph: 01 848 8802 / 01 848 3777 - www.metrogirlslge@gmail.com**