



**Metropolitan Girls League**

**SEASON 2019/2020**

**OFFICIAL APPLICATION**

FORM MUST BE FULLY COMPLETED

<b>MGL (Please Tick Age Group)</b>	
<b>Under 8s (4 aside)</b>	<b>Under 13s (11 aside)</b>
<b>Under 9s (5 aside)</b>	<b>Under 14s (11 aside)</b>
<b>Under 10s (7 aside)</b>	<b>Under 15s (11 aside)</b>
<b>Under 11s (7 aside)</b>	<b>Under 16s (11 aside)</b>
<b>Under 12s (9 aside)</b>	<b>Under 17s (11 aside)</b>
	<b>Youths (11 aside)</b>

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: .....

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: .....

