



CORK YOUTH LEAGUES

APPLICATION FORM

Season _____

Club Name: _____

Colour: Home _____ Away _____

Ground: _____

Chairman: Name: _____

Address: _____

Tel. No.: _____ Email: _____

(Mandatory)

Secretary: _____ Treasurer: _____

Address: _____ Address: _____

Tel: _____ Mob: _____ Tel: _____ Mob: _____

Email: _____ Email: _____

Child Welfare Officer: Name: _____

Address: _____

_____ Tel: _____ Mob: _____

Public Liability Insurance: P/No.: _____

Company: _____

Expiry Date: _____

Teams for Season:

Under 17

Youth

Under 19

Closing Date for Entry is July 1st