

This application form must be completed in full and returned to the League Secretary by 1st July 2018



# KickStart Youth Football League - **Sunday**

## TEAM APPLICATION FORM SEASON 2018/19

League Secretary/Registrar: Elaine Pritchard  
3 Hathersage Way, Sutton in Ashfield, Notts. NG17 2BE  
Tel: 07718 688662 or 07751 488523 Email: elaine@kickstartfootball.co.uk  
Website: www.kickstartfootball.co.uk

**NAME OF CLUB:** .....

**TEAM NAME:** .....

Please Circle:

U 7's	U 8's	U 9's	U 10's	U 11's	U 12's
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**A SEPARATE FORM MUST BE COMPLETED FOR EACH TEAM APPLYING**

### **TEAM MANAGER**

Mr/Mrs/Ms: First Name: ..... Surname: .....

Address: .....

Post Code: ..... Email Address: .....

Home Telephone No: ..... Mobile No: .....

Do you hold an FA Coaching Qualification? **Yes / No** (Please Circle)

Do you hold a valid FA CRC or FA CRB? **Yes / No** (Please Circle)

**PLEASE AFFIX  
A PASSPORT  
SIZED PHOTO  
OF HEAD &  
SHOULDERS  
HERE  
(WITH NO  
HATS OR  
SUNGLASSES)**

### **ASSISTANT TEAM MANAGER**

Mr/Mrs/Ms: First Name: ..... Surname: .....

Email Address: .....

Home Telephone No: ..... Mobile No: .....

Do you hold an FA Coaching Qualification? **Yes / No** (Please Circle)

Do you hold a valid FA CRC or FA CRB? **Yes / No** (Please Circle)

### **TEAM PLAYING STRIP**

Main Team Colours: Shirt ..... Shorts .....

Away Team Colours: Shirt ..... Shorts .....

### **DECLARATION OF CLUB SECRETARY**

Signature of Club Secretary: ..... Date: .....

Official Use: Date Application Rec'd: ..... Date Club Notified: .....