

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



# KickStart Youth Football League - Sunday

## CLUB 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:** .....

Please enter the number of **SUNDAY TEAMS** applying in each age group:-

U7s x	U8s x	U9s x	U10s x	U11s x	U12s x
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**HAS YOUR CLUB ACHIEVED CHARTER STANDARD: Yes / No (Please Circle)**

### CLUB CHAIRMAN DETAILS

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

Address: .....

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

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

### CLUB SECRETARY DETAILS

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

Address: .....

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

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

### CLUB WELFARE OFFICER DETAILS

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

Email Address: .....

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

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

### DECLARATION OF CLUB SECRETARY

I, the Club Secretary of .....  
hereby declare that the information supplied on this form is correct and we hereby agree to abide by  
the Standard Code of Rules and the Regulations/Cup Rules of the KickStart Youth Football League.

County Football Association: .....

FA Affiliation No: 2018/19: ..... This no. can follow but must be provided by 01.09.18

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