

The Club is required to submit a list of its office bearers; including team manager(s)  
 Please also indicate which member(s) hold a sports injury certificate  
 Any amendments to this list during the season must be notified to the National Secretary

**Note: The form should be completed in block capitals**

Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Post Code:	Post Code:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Post Code:	Post Code:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Post Code:	Post Code:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Post Code:	Post Code:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Post Code:	Post Code:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:

