|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |