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| 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:  |