

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:

