Please complete ONE form PER CLUB applying for membership for the 2022/23 season. Complete in BLOCK CAPITALS and fill all required fields.

			CLU	B DETAILS				
Nar	ne of Club:							
Affiliation Number &								
County Affiliated To:								
	gland Football redited (Highlight):	Yes, 1	Star	Yes, 2 Star	Yes, 3 Star	No		
IF USED	Home Ground:		LEAV	F BLANK IF LE	AGUE VENUE US	ED BY CLUB		
	Ground Description/A	ddress:			AGUE VENUE US			
	Please List Any Rest (No Dogs, Etc)				AGUE VENUE US			
	Kick Off Times Availa	ıble:	LEAV	E BLANK IF LE	AGUE VENUE US	ED BY CLUB		
			CLUB	CHAIRMAN				
CLUB CHAIRMAN Chairman's Name & FAN:								
Cha	airman's Address:				Post Code:			
E-m	nail Address:							
Mok	oile Number:							
DBS	S Expiry Date:							
Fa Safeguarding Workshop (Y/N) & Date:								
Fa A	Fa Approved First Aid Certificate (Y/N) & Date:							
I Wi	ish To Be Provided Wi	h A Leagu	e ID Card	(£5) To Be Pitch	Side At Games:			
	ish To Be Included In A							
			CLUB	SECRETARY				
Secretary's Name & FAN:								
Soc	retary's Address:							
					Post Code:			
E-m	nail Address:							
Mok	oile Number:							
DBS	S Expiry Date:							
	Safeguarding Workshop							
Fa A	Approved First Aid Certi	ficate (Y/N)	& Date:					
	ish To Be Provided Wi			I (£5) To Be Pitch	Side At Games:			
I Wi	ish To Be Included In A	All League I	Email's D	irected Towards N	ly Club's Teams:			
		Cl	UB WE	LFARE OFFICE	R			
CW	O's Name & FAN:							
CW	/O's Address:							
CVV					Post Code:			
E-m	nail Address:							
Mok	oile Number:							
DBS	S Expiry Date:							
Fa	Safeguarding Workshop	(Y/N) & Da	te:					
Fa Approved First Aid Certificate (Y/N) & Date:								
I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games:								
Ι \Λ/i	I Wish To Be Included In All League Email's Directed Towards My Club's Teams:							

SOUTH CHESHIRE YOUTH LEAGUE 2022-23 MEMBERSHIP FORM - CLUB

CLUB DISCIPLINE OFFICIAL								
CDO's Name & FAN:								
0001 411								
CDO's Address:		Post Code:						
E-mail Address:		<u> </u>						
Mobile Number:								
DBS Expiry Date:								
Fa Safeguarding Workshop (Y/N) & Date:								
Fa Approved First Aid Certificate (Y/N) & Date:								
I Wish To Be Provided Wi	th A League ID Card (£5) 1	o Be Pitch Side At Games:	N/A					
I Wish To Be Included In All League Email's Directed Towards My Club's Teams: N/A								
	CLUB PLAYER REGIST	RATION OFFICER						
PRO's Name & FAN:	CEOD EXTERNACION	TOTTION OF FIGURE						
THO O Hamo & TAIN.								
PRO's Address:		Post Code:						
E-mail Address:		1 ost code.						
Mobile Number:								
DBS Expiry Date:								
· · ·	(V/NI) 9 Doto:	1						
Fa Safeguarding Workshop	· · · ·							
Fa Approved First Aid Certificate (Y/N) & Date:								
I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: N/A I Wish To Be Included In All League Email's Directed Towards My Club's Teams: N/A								
I Wish to be included in A	All League Liliali S Directet	Towards My Club's Teams.	IN/A					
	CLUB TREA	OLIDED						
CLUB TREASURER								
Treasurer's Name & FAN:	CLUB TREA	SURER						
Treasurer's Name & FAN:	CLUB TREA	SURER						
Treasurer's Name & FAN: Treasurer's Address:	CLUB TREA							
Treasurer's Address:	CLUB TREA	Post Code:						
Treasurer's Address: E-mail Address:	CLUB TREA							
Treasurer's Address: E-mail Address: Mobile Number:	CLUB TREA							
Treasurer's Address: E-mail Address: Mobile Number: DBS Expiry Date:								
Treasurer's Address: E-mail Address: Mobile Number: DBS Expiry Date: Fa Safeguarding Workshop	(Y/N) & Date:							
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Treasurer's Address: E-mail Address: Mobile Number: DBS Expiry Date: Fa Safeguarding Workshop Fa Approved First Aid Certi I Wish To Be Provided Wi I Wish To Be Included In A Bank Deta Please Confirm Whether V If Club Payment Selected	Payment Eails Will Be Making Payments I – Please Confirm How Ma	Post Code: To Be Pitch Side At Games: Towards My Club's Teams: Details The Invoices For Registration As A Club Or As Teams any Instalments (1/2/3/4)	N/A					

