



SOUTH CHESHIRE YOUTH LEAGUE

2022-23 MEMBERSHIP FORM - CLUB



Please complete ONE form PER CLUB applying for membership for the 2022/23 season.

Complete in BLOCK CAPITALS and fill all required fields.

CLUB DETAILS			
Name of Club:			
Affiliation Number & County Affiliated To:			
England Football Accredited (Highlight):	Yes, 1 Star	Yes, 2 Star	Yes, 3 Star
	No		
IF USED	Home Ground:	LEAVE BLANK IF LEAGUE VENUE USED BY CLUB	
	Ground Description/Address:	LEAVE BLANK IF LEAGUE VENUE USED BY CLUB	
	Please List Any Restrictions: (No Dogs, Etc)	LEAVE BLANK IF LEAGUE VENUE USED BY CLUB	
	Kick Off Times Available:	LEAVE BLANK IF LEAGUE VENUE USED BY CLUB	

CLUB CHAIRMAN			
Chairman's Name & FAN:			
Chairman's Address:			Post Code:
E-mail Address:			
Mobile Number:			
DBS Expiry Date:			
Fa Safeguarding Workshop (Y/N) & Date:			
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:			
I Wish To Be Included In All League Email's Directed Towards My Club's Teams:			

CLUB SECRETARY			
Secretary's Name & FAN:			
Secretary's Address:			Post Code:
E-mail Address:			
Mobile Number:			
DBS Expiry Date:			
Fa Safeguarding Workshop (Y/N) & Date:			
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:			
I Wish To Be Included In All League Email's Directed Towards My Club's Teams:			

CLUB WELFARE OFFICER			
CWO's Name & FAN:			
CWO's Address:			Post Code:
E-mail Address:			
Mobile Number:			
DBS Expiry Date:			
Fa Safeguarding Workshop (Y/N) & Date:			
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:			
I Wish To Be Included In All League Email's Directed Towards My Club's Teams:			

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CLUB DISCIPLINE OFFICIAL			
CDO's Name & FAN:			
CDO's Address:			Post Code:
E-mail Address:			
Mobile Number:			
DBS Expiry Date:			
Fa Safeguarding Workshop (Y/N) & Date:			
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

CLUB PLAYER REGISTRATION OFFICER			
PRO's Name & FAN:			
PRO's Address:			Post Code:
E-mail Address:			
Mobile Number:			
DBS Expiry Date:			
Fa Safeguarding Workshop (Y/N) & Date:			
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

CLUB TREASURER			
Treasurer's Name & FAN:			
Treasurer's Address:			Post Code:
E-mail Address:			
Mobile Number:			
DBS Expiry Date:			
Fa Safeguarding Workshop (Y/N) & Date:			
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

Payment Details	
Bank Details Will Be Distributed With The Invoices For Registration	
Please Confirm Whether You'll Be Making Payments As A Club Or As Teams	
If Club Payment Selected – Please Confirm How Many Instalments (1/2/3/4)	

Signed: Signed:

Date: Date:

