 **Red Rose Futsal League**

 **Season 2019/20**

**CLUB APPLICATION FORM**

|  |  |
| --- | --- |
| CLUB NAME(IN FULL): |  |
| LFA AFFILIATION NUMBER 2019/20 |  |

**TEAM CONTACT INFORMATION**

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS: |  |
| POSTCODE: |  |
| HOME TELEPHONE: |  |
| MOBILE: |  |
| EMAIL: |  |
| FA FAN NUMBER: |  |

**TEAM ENTRIES 2019/20**

Please insert the ‘Number of Teams’ which you wish to register for the Red Rose Futsal League

|  |  |  |
| --- | --- | --- |
| **AGE**  | **NUMBER OF TEAMS/ TEAM NAME** | **FUTSAL FORMAT** **(BOYS / GIRLS / MIXED)** |
| Under 7’s |  |  |
| Under 8’s |  |  |
| Under 9’s |  |  |
| Under 10’s |  |  |
| Under 11’s |  |  |
| Under 12’s |  |  |
| Under 13’s |  |  |

**APPLICATION & PRE-REGISTRATION CHECKLIST**

* **Have you created brand new team/s onto the Club’s Whole Game System as a Futsal team?**
* **Have you obtained insurance for each new Futsal team? PLEASE TICK YES IF REQUIRED YES /NO**

**DECLARATION**

The club hereby undertakes to comply with the League’s Standard Code of Rules as well as the Rules of the Lancashire Football Association and Football Association:

|  |  |
| --- | --- |
| SIGNED: |  |
| DATE: |  |

**FORMS MUST BE FULLY COMPLETED AND RETURNED TO:**

**Email: redrosefutsalleague@gmail.com**

**Invoice will follow separately and must be paid within 7 days of games commencing**