



LEINSTER FOOTBALL ASSOCIATION
 FAI HQ. NATIONAL SPORTS CAMPUS
 ABBOTSTOWN, DUBLIN 15



(THIS FORM MUST BE COMPLETED IN BLOCK LETTERS)

ENTRY FORM FOR LEINSTER JUNIOR CUP

FAILURE TO FULFIL A FIXTURE IN THIS COMPETITION MAY RESULT IN A FINE UP TO €200 AND POSSIBLE EXCLUSION FROM NEXT SEASONS COMPETITION.

Must be returned on or before 1st September with entry fee €25.00

(USE BLOCK CAPITALS PLEASE)

NAME OF CLUB		SAT/SUN – LEAGUE – DIVISION
HON. SECRETARY'S NAME		TELEPHONE NUMBER
Hon. Secretary's Address (in full) _____ _____ e-mail: _____		
COLOURS	Usual Kick Off Time	GROUND

Public Liability Insurance No. _____ Name of Company _____

Expiry Date _____ Declaration _____

THIS PORTION MUST ALSO BE COMPLETED

Received the sum of Entry Fee for Leinster YOUTH CUP from the

..... Football Club

Signed

P.P. Leinster Football Association

(THIS RECEIPT MUST BE RETAINED AND PRODUCED WHEN NECESSARY)

