



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



(THIS FORM MUST BE COMPLETED IN BLOCK LETTERS)

**ENTRY FORM FOR LEINSTER YOUTH 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 €20.00**

(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)

