|  |  |  |
| --- | --- | --- |
| For Official Use Only | Total No | Amount Due |
| Teams o/18 |  |  |
| Teams u/18 |  |  |
| Admin Fee |  |  |
| Total |  |  |



## Application for Playing Pitch Season 2023 –2024

|  |  |
| --- | --- |
| No of Council Pitches  Allocated last Season Please also include your membership numbers for the coming 2023/2024 season |  |

**Form to be filled in Block Capitals**

|  |
| --- |
| Name of Club |

Please complete this section in full.

|  |  |  |
| --- | --- | --- |
| **Name of Club Officials** | **Address** | **Phone** |
| Secretary |  | Mobile  Home/Work |
| Chairman |  | Mobile  Home/Work |
| **Contact Person** |  | Mobile  Home/Work |
| **Contact Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Does your Club have a Current Public Liability Insurance policy? Yes/No**

**Is Fingal County Council specifically indemnified on your policy? Yes/No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurers** | **Policy Start Date** | **Expiry Date** | **Policy No** |
|  |  |  |  |

**League Affiliation Certificate**

**Part A – Juvenile Teams (i.e. Teams Under 18 years)**

I hereby certify that the \_\_\_ teams as listed overleaf belonging to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club have been accepted into the leagues organised by my Association/Board and that all necessary Affiliation Fees have been paid by the Club. The home matches for this club will be fixed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Park and no other location during the \_\_\_\_\_\_\_\_\_\_\_ Season

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Title

**Apply League Stamp Here**

**Part B – Senior Teams (i.e. Teams Over 18 years)**

I hereby certify that the \_\_\_ teams as listed below belonging to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club have been accepted into the leagues organised by my Association/Board and that all necessary Affiliation Fees have been paid by the Club. The home matches for this club will be fixed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Park and no other location during the \_\_\_\_\_\_\_\_\_\_\_ Season

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Title

**Apply League Stamp Here**

Note: **Please complete this form for teams playing on Fingal County Council pitches only.**  Each column must be completed in full. Incomplete or inaccurate application forms will not be accepted. Any subsequent reduction in the number of teams as stated below must be notified to this office.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **No. of Teams / and Membership Numbers** | **Code**  **\*see below** | **League** | **Playing Day** | **Playing Times**  **am/pm** | **Season From Month** | **Season to Month** |
| u/8 |  |  |  |  |  |  |  |
| u/9 |  |  |  |  |  |  |  |
| u/10 |  |  |  |  |  |  |  |
| u/11 |  |  |  |  |  |  |  |
| u/12 |  |  |  |  |  |  |  |
| u/13 |  |  |  |  |  |  |  |
| u/14 |  |  |  |  |  |  |  |
| u/15 |  |  |  |  |  |  |  |
| u/16 |  |  |  |  |  |  |  |
| u/17 |  |  |  |  |  |  |  |
| u/18 |  |  |  |  |  |  |  |
| **Total Juvenile Teams** |  |  |  |  |  |  |  |
| u/21 |  |  |  |  |  |  |  |
| Junior |  |  |  |  |  |  |  |
| Intermediate |  |  |  |  |  |  |  |
| Senior |  |  |  |  |  |  |  |
| **Total Adult Teams** |  |  |  |  |  |  |  |

**Codes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Soccer** | **Gaelic Football** | **Hurling** | **Camogie** | **Rugby** | **Cricket** | **Other** |
| **S** | **GF** | **H** | **CAM** | **R** | **CK** | **O** |

|  |  |
| --- | --- |
| Does your Club have Private Pitches  Please give details of location  number of pitches | Yes/No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_ |
| Pitch Accommodation last Season  (state location) | 1. Fingal County Council   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Private Ground \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For Midweek Fixtures see General Conditions of Letting

**CLUB COLOURS:** **HOME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AWAY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I have read and accept the Conditions of Pitch Allocation and certify that the information contained within this application is true and I agree that any inaccuracies regarding the information or breach of the conditions may result in the Club having its allocation for all its teams withdrawn for a period of up to one calendar year.

**Signature and office of Club Official making application: (please note, all correspondence will be directed to this person)**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position Held:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Block Capitals** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check List: 1. Completed Application Form □**

**2. Stamped Affiliation Cert □ 3. Letting Fee □ 4. Insurance (with indemnity to Fingal County Council) □**

**Tick as appropriate**

**Tá leagan Gaeilge den fhoirm seo ar fail**