



## Application for Playing Pitch Season 2018 -2019

For Official Use Only	Total No	Amount Due
Teams o/18		
Teams u/18		
Admin Fee		
<b>Total</b>		
No of Council Pitches Allocated last 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
<b>Contact Person</b>		Mobile Home/Work
<b>Contact Email Address:</b> _____		

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	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							
<b>Total Juvenile Teams</b>							
u/21							
Junior							
Intermediate							
Senior							
<b>Total Adult Teams</b>							

**Codes**

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

<p>Does your Club have Private Pitches</p> <p>Please give details of location</p> <p>number of pitches</p>	<p>Yes/No</p> <p>_____</p> <p>_____</p>
<p>Pitch Accommodation last Season (state location)</p>	<p>a) Fingal County Council</p> <p>_____</p> <p>_____</p> <p>b) Private Ground _____</p>

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**