

# **CHAMPION SOCCER APPLICATION FORM**

All fields marked with \* must be completed, if applicable

**Please Note:**

This form MUST be completed in FULL or the application may not be accepted.

**A registration fee applies to join the league – usually around £ 25**

**Please contact the office for clarification.**

<b>* NAME OF LEAGUE?</b>	
<b>* WHICH NIGHT?</b>	
<b>* TEAM NAME</b>	
<b>SHIRT COLOUR</b>	

**TEAM MANAGER**

**ASSISTANT MANAGER**

<b>* NAME :</b>	<b>* NAME :</b>
<b>* ADDRESS :</b>	<b>* ADDRESS :</b>
<b>* POST CODE :</b>	<b>* POST CODE :</b>
<b>* HOME TEL :</b>	<b>* HOME TEL :</b>
<b>* WORK TEL :</b>	<b>WORK TEL :</b>
<b>* MOBILE :</b>	<b>* MOBILE :</b>
<b>FAX :</b>	<b>FAX :</b>
<b>* E-MAIL :</b>	<b>* E-MAIL :</b>

1. Please select one of the three following statements that is relevant to your team. You are an:

Existing team (played last season)     Old Team returning after a break, OR a

New Team - How did you find out about the league?

2. How good is your team (please be honest):     POOR     AVERAGE     GOOD     VERY GOOD

**I accept full responsibility on behalf of my team to fulfil and pay for all fixtures for the season/s. I accept that once the fixtures have been done I cannot withdraw until a replacement team has been found. I agree to abide by the rules of the competition and I am aged 18 or over.**

<b>* Managers Signature</b>	
<b>* Date</b>	
<b>* Print Name</b>	
<b>* Date of Birth</b>	

