**Kilmurry Ibrickane Ladies**

**All-Ireland Under 16 Club Seven-a-Side Competition**

**September 5th 2015**

**Entry Form**

**Important: Please Print All Names and Details**

**OFFICIAL CLUB NAME: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address for all communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current position in County League? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current position/finish in Championship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Division in County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed Club Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief History of Club for Programme: (Max 100 words) including Team Photo**

**Please email to: kibladiesfootball@gmail.com**

**Team Members & D.O.B.** (Only use print/block please**)**

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(Note: panel of 10 players must be chosen from this list on the day and Birth Certificates/Pass Ports originals will be required for verification on the day)

**\*Failure to produce relevant documentation will lead to disqualification for Quarter final stages.\***

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**CLUB NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return completed entry form and entry fee of €200 by cheque/postal order payable to

**Kilmurry Ibrickane Ladies Football Club.**

**Closing Date: Monday 27th July 2015**

**Please clearly mark Club name and address on back of payment.**

**Entries to:**  **Therese Doohan**,

 Moyglass,

 Mullagh,

 Co. Clare

 087 7533834

**Please note teams will be chosen from, completed applications including fee on a first come first served basis.**

**N.B. Have you sent Club Information & Team Photo to** kibladiesfootball@gmail.com **Yes \_\_\_ No\_\_\_**