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**Leinster Application form**

To register your Club’s interest and apply for the 2019 **Gaelic4Girls** programme, please complete this application form and return to Leinster Development officer **Suzi Doyle** by email [gdo.leinster@lgfa.ie](mailto:gdo.leinster@lgfa.ie) by **30th November 2018.**

**Please Note – All sections must be completed or the application will not be accepted**

**Club Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club contact for this application**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: (**Home**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Mobile**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long is your Ladies Football Club in existence?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP FIGURES:**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Total number of registered members** | **Number of mentors currently involved with the team(s)** |
| **Under 8** |  |  |
| **Under 10** |  |  |
| **Under 12** |  |  |
| **Under 15** |  |  |
| **Under 16** |  |  |
| **Under 17** |  |  |
| **Under 18** |  |  |
| **Adult** |  |  |
| **Non Players** |  | **N/A** |
| **Gaelic4Mothers & Others** |  |  |

**SCHOOL INFORMATION (fill in for both programmes)**

|  |  |  |
| --- | --- | --- |
| **Name of PRIMARY Schools in your area** | **Mixed/All Girls** | **Number of Girls aged 8 – 12 years** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**REASONS TO BE SELECTED:**

**Please give the top 3 reasons why your Club should be selected to host…**

|  |
| --- |
| **2019 Gaelic4Girls Programme** |
|  |

**EVIDENCE**

**Please provide evidence to indicate that your Club has the sufficient resources to host the Gaelic4Girls Programme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Co-Ordinator** | **Coaches**  **(Min 3 per age group)** | **Facilities** | **Equipment** |
| **Gaelic4Girls programme** |  | **U6 -**  **U8 -**  **U10 -**  **U12 -** |  |  |

**I confirm that:**

* All information supplied in this application form is accurate
* I have read the G4G information sheet in full and will fully comply with all terms and conditions associated with the roll out of the programme(s)

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that any applications received after the closing date (30th November 2018) will not be considered for the Gaelic4Girls programme this year.**