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APPLICATION FORM – BRYANTS LANE SPORTS GROUND			
APPLICANT INFORMATION			
Name:		Position:	
Current address:			
City:	County:		Post Code:
Phone:	Mobile:		Email:
CLUB / TEAM INFORMATION			
Team Name:			
Invoice Name:	Address:		
City:	County:		Post Code:
Phone:	Mobile:		Email:
AFFILIATION DETAILS			
Name of affiliation authority to which you belong:			
Affiliation Number::	ation Number:: Insurance Company:		
Dublic Liability Limit		Insurance Number:	
LEAGUE/ DIVISION INFORMATION			
League Name			
Age Range:	Contact:		Phone:
BRYANTS LANE PITCHES REQUIREMENT (£26 PER GAME)			
Please provide days and times each pitch is required (i.e. Saturday AM)			
Start Date:			End Date:
Pitch 1 (Left)			
Pitch 2 (Right)			
Pitch 3 (Small) will be marked if req.			
COURT REQUIREMENT (DAYS / TIMES) £18 P/H			
OTHER REQUIRMENTS			
SIGNATURES			
I authorise the verification of the information provided on this form and I have received a copy of the Terms & Conditions of Use.			
Signature of applicant:			Date:
Signature of Club Chairman			Date: