



# **Special Olympics Leinster**

## **7-a-side Football League –Registration Form for 2016-2017**

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

### **Head Coach Contact Details**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### **Official Club Contact\***

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\* Please note all league communications will be with the Team Head Coach only. The Official Club Contact will be cc'd on all communications.

### **New Squad member details**

<b>Name</b>	<b>DOB</b>	<b>Athlete ID</b>	<b>APF Exp Date</b>	<b>Athlete Position</b>	<b>Athlete Grade</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

### **NOTE:**

**Entry Fee is €10 per athlete (this will include approx. 3 Blitz dates)**

**The composition of a Match Day Team, including substitutes, cannot exceed 12 players but you may register 16 athletes above.**

**New Squad members may not be registered with the league until fully registered with a Special Olympics.**

**Athletes must be aged 16 or older in order to enter the League.**

**No new player registration forms will be processed without correct name, DOB and Athlete ID number.**

Signed: \_\_\_\_\_ (Head Coach)

Please ensure form is completed in full and returned to

**Special Olympics Leinster, 4<sup>th</sup> Floor, Park House, North Circular Road, Dublin 7, or to [patrick.oreilly@specialolympics.ie](mailto:patrick.oreilly@specialolympics.ie)**

**DEADLINE; Friday 17<sup>th</sup> of FEBRUARY**