**Club Registration Form 2019**

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| --- | --- | --- | --- | --- |
| **Club Name** |  | | | |
| **Main Club Contact** | Name:  Address:  DOB:  Tel Home: Work: Mb:  Email: | | | |
| **Additional Club Contact** | Name:  Address:  DOB:  Tel Home: Work: Mb:  Email: | | | |
| **Emergency Contact** |  | | | |
| **Age Group** |  | | | |
| **Number of Teams?**  **(squad sizes must not exceed 10)** | |  |  |  |
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| **League Fixture Facility** |  | | | |
| **Name of Training Facility** |  | | | |
| **Day team trains on** |  | | | |
| **Team Kit Colours** |  | | | |

**Please post completed team registration form to the Cumberland FA by Monday 11th February 2019. Email:** [**Ray.sempill@cumberlandfa.com**](mailto:Ray.sempill@cumberlandfa.com)

**Ray Sempill**

**Cumberland Football Association**

**Unit 3 & 4  
Tithe House**

**Cockermouth**

**CA13 9QW**