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**SOMERSET FA 9v9 FLEXI LEAGUE**

**TEAM ENTRY FORM**

**2018 - 2019**

**Please complete the following form in BLOCK CAPITALS:**

**Please note that this form must be returned (post or email) to: Aaron Clements, Somerset Football Association, Charles Lewin House, Unit 10 Landmark House, Wirral Business Park, Glastonbury, Somerset, BA6 9FR by 31st August 2018**

|  |  |
| --- | --- |
| Name of Club: |  |
| Name & Address of Secretary: |  |
| Post Code: |  |
| Date of Birth of Secretary: |  |
| Home Telephone: |  |
| Mobile Telephone: |  |
| Email: |  |
| Name & Address of Manager: |  |
| Post Code: |  |
| Home Telephone: |  |
| Mobile Telephone: |  |
| Email: |  |
| Home Venue: |  |
|  | |
| Prior to acceptance into the Somerset FA Legends League, all Clubs must affiliate to their County Football Association: please enter your County Affiliation Number here.  SFA TO SORT  **Please note that this must include Public Liability Insurance.** | |
| TEAM COLOURS (FIRST CHOICE): | |
| Shirts: |  |
| Shorts: |  |
| Socks: |  |
| TEAM COLOURS (SECOND CHOICE): | |
| Shirts: |  |
| Shorts: |  |
| Socks: |  |

|  |  |
| --- | --- |
| By signing this Form, on behalf of ..........................................................................................................FC  ………………………………………………………………… FC applies for membership of the Competition and agrees to be bound by the rules of the Competition: | |
| Signature of Club Secretary: |  |
| Date: |  |

**Please return this completed form and entry fee to:**

**AARON CLEMENTS**

**SOMERSET FOOTBALL ASSOCIATION LIMITED**

**CHARLES LEWIN HOUSE**

**UNIT 10 LANDMARK HOUSE**

**WIRRAL BUSINESS PARK**

**GLASTONBURY**

**SOMERSET**

**BA6 9FR**

**Telephone: 01458 832359**

**E-Mail:** [**aaron.clements@somersetfa.com**](mailto:aaron.clements@somersetfa.com)