**NEW TEAM:**

**Guidance Notes**

Provide the details of all teams playing in the 2022/2023 season. Use additional sheets if necessary. For the fields below please choose from the following options when entering your team details.

**Age Group:** Walking Football/Veterans / Open Aged / U23 / U21 / U19 / U18 / U17 / U16 / U15 / U14 / U13 / U12 / U11 / U10 / U9 / U8 / U7 /U6 /U5

**Team Category:** 11v11 9v9 7v7 6v6 5v5 4v4 3v3 Development Futsal Mini Soccer

**Disability Football:** Non-Disabled, Blind, Partially Sighted, Deaf and Hearing-impaired, Cerebral Palsy, Learning Disability, Wheelchair, Amputee, Pan Disability

**Usually Plays On:** Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

**Gender:**  Male, Female, Mixed

*Under 19 and above cannot be categorised as mixed, and you should state Male or Female.*

*If a minimum of 1 person of each gender is in a U7 – U8 team it must be classed as mixed.*

**TEAM NAME:**

**AGE GROUP GENDER**

**CATEGORY DISABILITY**

**USUALLY PLAYS ON (DAY) SPONSOR NAME**

**LEAGUE (1) LEAGUE (2)**

**MAIN KIT COLOURS SECONDARY KIT COLOURS**

**MANAGER/COACH NAME: DATE OF BIRTH**

**ADDRESS (INCLUDING POSTCODE)**

**TELEPHONE NUMBER (HOME) MOBILE NUMBER**

**EMAIL ADDRESS**

**GROUND ADDRESS** *(IF DIFFERENT FROM CLUBS)*

**ADDITIONAL TEAM CONTACT:**

**NAME DATE OF BIRTH**

**ADDRESS (INCLUDING POSTCODE)**

**TELEPHONE NUMBER (HOME) MOBILE NUMBER**

**EMAIL ADDRESS**

**ADDITIONAL TEAM CONTACT:**

**NAME DATE OF BIRTH**

**ADDRESS (INCLUDING POSTCODE)**

**TELEPHONE NUMBER (HOME) MOBILE NUMBER**

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**TELEPHONE NUMBER (HOME) MOBILE NUMBER**

**EMAIL ADDRESS**