Gloucestershire Football Association CLUB AFFILIATION FORM - SEASON 2021/2022

Oaklands Park, Almondsbury, Bristol, BS32 4AG

Club Name:



****FOR OFFICE USE ONLY****

ADULT

Please complete this form as fully as possible in accordance with any guidance notes given and return to the above address by Monday , 5 July 2021 . Where information is missing or incorrect, please use the space provided to update. When you submit these details to us, you consent to us using them for football administration purposes and you acknowledge that such information may be included in correspondence with other relevant football parties, such as Clubs and Leagues.					
The information you provide will also appear on our website. We require at least one telephone number to be available for publication. If you do not wish other telephone and/or fax numbers to be included on our website, please indicate this by ticking the 'private' box against the relevant number(s). Your e-mail address will not be included on our website and we will never share or disclose your e-mail address to the public.					
Club Secret	tary:				
Name:		1	Date Of Birth:		
Address (Incl	luding Postcode):				
Tel home:	Private		Private Private		
Tel work:	Private		Private		
Mobile:	Private		Private Private		
Fax:	Private		Private Private		
E-mail:					
Do you have	internet access for purposes of running your club? Yes / No				
1	website address?				
what is your	club's email address?				
the detail sep	ddress and local authority of where you consider to be your home arately. If you do not know the ground address, then provide the n can find a local authority at http://neighbourhood.statistics.gov.uk	ground. If teams within ame of the local author	your club play at grounds different to this, please provide ty of the ground that you consider to be your home		
Ground Addr	ess:				
Local Authori	ity:				
If different fro	om above:				
If you do not	know where you will play (for example waiting for a pitch to be allo	ocated), then please tick	here		

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Mandatory Contacts

Chairman:

If same as secretary.	please	state 'As	Secretary	ľ

Name:	ame:		Date Of Birth:	
Address (Inc	luding Postcode):			
Tel home:				
Tel work:				
Mobile:				
Fax:				
E-mail:				
Treasurer: If same as se	cretary, please state 'As Secretary'			
Name:			Date Of Birth:	
Address (Inc	luding Postcode):			
Tel home:				
Tel work:				
Mobile:				
Fax:				
E-mail:				
Club Welfa Please note to DBS check. T	ended Contact for Adult Club(s) registering 16 re Officer: hat adult clubs with youth players (under 18 or below) should have a They must also have completed The FA Safeguarding for Committee I regarding this policy, please speak to Gloucestershire FA Designate	Club Welfare Officer (Members, The FA Sa	CWO). The CWO must have an accepted Enhanced FA feguarding Children and Welfare Officer Workshops. For	
Name:			Date Of Birth:	
Address (Inc	luding Postcode):			
Tel home:				
Tel work:				
Mobile:				
Fax:				
E-mail:				

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List of Teams for Club Name:

Guidance Notes

Provide the details of all teams playing in the 2021/2022 season. Use additional sheets if necessary.

For the fields below please choose from the following options when entering your team details.

Age Group Team Category: Disability (if any) Usually Plays On: Veterans / Open Aged / U23 / U21 / U19 11 v 11 - 9 v 9 - 7 v 7 - 6 v 6 - 5 v 5 - 4 v 4 - 3 v 3 - Futsal - Mini Soccer

Blind - Partially Sighted - Deaf and Hearing impaired - Cerebral Palsy - Learning Disability - Wheelchair - Amputee - Pan Disability Mon - Tue - Wed - Thu - Fri - Sat - Sun

Gender: Male - Female

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On (day)	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name: Address: DOB:
Emergency Contact	
Additional Team Contacts (State Role, Name, Address and DOB)	
Ground Details (if different from club's)	
Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach	Name:
(Name, Address and DOB	Address:
fields must be completed)	DOB:
Emergency Contact	
Additional Team Contacts (State Role, Name, Address and DOB)	
Ground Details (if different from club's)	

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Gloucestershire Football Association Limited

FORM A

AFFILIATION, CUP ENTRY & INSURANCE

SEASON 2021-22

This form must be completed in full and sent to:Gloucestershire FA, Oaklands Park, Gloucester Road, Almondsbury, Bristol, BS32 4AG.

Forms must be returned by Monday, 5 July 2021. Incomplete forms will be returned. No monies are required at this stage.

Your club will receive an invoice for any affiliation fees. Deadline for payment is within 14 days of the date of issue.

Name of Club	

Classification of Club (refer to Classification sheet)	Enter an 'X' in one box	Affiliation Fee*	County Cup Entry Fee	Benevolent Fund Donation (Optional)
Senior Professional		Free	N/A	(Recommended
Senior Challenge		Free	£70	£10 per team)
Challenge Trophy		Free	£40	
Senior Amateur		Free	Free	
Sunday Premier		Free	Free	
Women's/Junior/Inter/Minor/Primary		Free	Free	

The Classification of your Club is based on the level of football your first team participates at.

County Cup Entry Fees are payable for teams entering the Senior Challenge Cup &/or Challenge Trophy competitions.

GFA County Cup Entry: (Refer to the "Club Classification" sheet to ensure you enter the correct competition)

Please insert the team name against the County Cup competition(s) you wish to enter. Entries will be reviewed by the competition secretary and may be changed in accordance with competition rules. All teams entering the FA Sunday Cup must enter the GFA Sunday Premier competition.

Team Name

(1st. Rec. (A' etc.)

	Team Name (1 st , Res, 'A' etc)		Team Name (1 st , Res, 'A' etc)		Team Name (1st, Res, 'A' etc)
Senior Challenge		Saturday Intermediate		Sunday Premier	
Challenge Trophy		Saturday Minor		Sunday Minor	
Senior Amateur		Primary		Women's Cup	
Junior		Women's Trophy			

Public Liability Insurance	Countycover	Countycover Plus	Group Personal Accident Insurance	Enter requested details in box
Enter an 'X' in one box to select level of cover required	£30	£60	Bluefin Sports Policy Number for 2021-22	
OR			No. of adult teams covered	
I enclose evidence of existing cover (enter an 'X')			OR, I enclose evidence of other cover (enter an 'X')	

Club Declaration Club Name:

The Club hereby undertakes to keep a register of members, cashbook, Minute Book and audited accounts of the Club in accordance with FA regulations.

By completing and signing this form, on behalf of the Club, the Club applies for membership of Gloucestershire FA and agrees with its members to be bound by the Memorandum and Articles of the Company and any rules and regulations made pursuant thereto including the rules and regulations of The Football Association.

Rule 4 (a) of The Football Association states that, "Clubs, players and officials subject to the jurisdiction of The Football Association or an affiliated Association shall not be associated with or play with or against any Club which is not a Member of The Association or an affiliated Association." The Club agrees to ensure that all competitions the Club or its members compete in are sanctioned by the appropriate Association.

This completed affiliation form and the appropriate remittance must be returned to the Association by Monday, 5 July 2021.

We take your privacy very seriously and we process all information in accordance with applicable UK data protection legislation. We are committed to protecting your privacy and we implement various security measures in relation to our processing and transfer of personal data.

Signature of Club Secretary	_	Date		

Please return this form to Gloucestershire FA by Monday, 5 July 2021.

No monies are required at this stage.

Your club will receive an invoice for affiliation and cup entry fees. Payment of the invoices is required within 14 days of date of issue.

FOR OFFICE USE ONLY

Date Received			
Receipt Number			

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