**Extra Team Affiliation Form**

|  |  |
| --- | --- |
| **Club** |  |
| **Affiliation Number** |  |
| **Team Name** |  |
| **Category** | Choose an item. |
| **Disability** | Choose an item. |
| **Gender** | Choose an item. |
| **Age Group** | Choose an item. |
| **Football Level** | Choose an item. |
| **League** |  |
| **Plays on** | Choose an item. |
| **Main Kit Colour Shirt** |  |
| **Main Kit Colour Shorts** |  |
| **Main Kit Colour Socks** |  |
| **Second Kit Colour Shirt** |  |
| **Second Kit Colour Shorts** |  |
| **Second Kit Colour Socks** |  |
| **Manager & FAN** |  |
| **Assistant Manager & FAN** |  |
| **Coach & FAN** |  |
| **Assistant Coach & FAN** |  |
| **Main Ground** |  |

Please return to [contactus@hertfordshirefa.com](mailto:contactus@hertfordshirefa.com)