**PCVR 11V11 NEW ADULT TEAM SUPPORT FUND – APPLICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FULL NAME** |  | | **CONTACT NUMBER** | | |  |
| **EMAIL ADDRESS** |  | | | | | |
| **CLUB NAME** |  | **ROLE AT THE CLUB** | | |  | |
|  | | | | | | |
| **ARE YOU A FA CHARTER STANDARD CLUB?** | | | | | | YES / NO |
| **IF NO, ARE YOU COMMITTED TO ACHIEVING THE FA CHARTER STANDARD BY 11 JANUARY 2019?** | | | | | | YES / NO |
|  | | | | | | |
| **WHAT LEAGUE IS THIS NEW TEAM ENTERING IN 2018-19?** | | | |  | | |
| **VENUE DETAILS OF WHERE YOU WILL BE TRAINING** | | | |  | | |
| **VENUE DETAILS OF WHERE YOU WILL BE PLAYING FIXTURES** | | | |  | | |
| **PROVIDE IN DETAIL INFORMATION AROUND THE CLUBS PLAYER RECRUITMENT PROCESS:** | | | | | | |
|  | | | | | | |
| **PROVIDE IN DETAIL INFORMATION AND INTERVENTIONS ON HOW THE CLUB INTEND TO SUSTAIN THIS NEW TEAM:** | | | | | | |
|  | | | | | | |
| **PLEASE OUTLINE ANY FURTHER SUPPORT YOU FEEL YOUR CLUB REQUIRE TO RUN EFFICIENTLY:** | | | | | | |
|  | | | | | | |

**Applications must be sent to** [**Stacey.Annison@NorfolkFA.com**](mailto:Stacey.Annison@NorfolkFA.com)**.**

**PCVR 11V11 New Adult Team Support Fund window closes Wednesday 6 June 2018.**