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| **NFA FUTSAL COUNTY CUP APPLICATION FORM 2019** | | | | | |
| ***Team Name:*** | |  | | | |
| ***Contact Name:*** | |  | | | |
| ***Contact E mail:*** | |  | | | |
| ***Contact Phone/Mobile:*** | |  | | | |
| ***Home colours – shirt / shorts / socks*** | |  |  |  | |
| ***Goalkeeper colours – shirt / shorts / socks*** | |  |  |  | |
|  |  | |  |  |  |
| ***Squad No*** | ***Player Name (SURNAME, first given)*** | | **FA Number** | **Date of Birth** | **U18?**  **Yes or No** |
| ***1GK*** |  | |  |  |  |
| ***2*** |  | |  |  |  |
| ***3*** |  | |  |  |  |
| ***4*** |  | |  |  |  |
| ***5*** |  | |  |  |  |
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| ***11*** |  | |  |  |  |
| ***12*** |  | |  |  |  |
| ***13*** |  | |  |  |  |
| ***14*** |  | |  |  |  |
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| ***16*** |  | |  |  |  |
| ***17*** |  | |  |  |  |
| ***18*** |  | |  |  |  |
| ***19*** |  | |  |  |  |
| ***20*** |  | |  |  |  |



*Continued on next page*

**If you have ticked yes to any player that is U18, please answer the following questions and sign the agreement:**

QUESTIONS:

1. Is photography permitted for the U18 player(s)? **Yes/No**
2. If no, please let us know and we shall arrange a way to resolve the issue.
3. In the event of medical attention being required on any u18 player(s), do you agree to your players receiving medical treatment and advice if considered necessary by any medical authorities there on the day? **Yes/No**
4. If no, please let us know which players are to be exempt.

AGREEMENT:

* I understand and accept that any u18 player(s) are my responsibility during the course of the competition.
* It is my responsibility to ensure that no u18 player(s) are at the venue, prior and post event, on their own.
* It is my responsibility to collect and have on hand all u18s emergency contact details and medical requirements/information in case a situation arises.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

Entry is £15.00 per team and can be paid by any of the following ways:

* Cash/cheque addressed to Northants FA, 9 Duncan Close, Red House Square, Moulton Park, Northampton, Northamptonshire, NN3 6WL.
* BACS to National Westminster, Sort Code: 54-41-05, Account Number: 25481851, Reference: FutsalCountyCup

An additional match fee of £20 shall be required to be paid on the day by each team for all rounds prior to the final. This is to be paid via cash only.

**Dates of competition**

Please ensure you can definitely commit to the dates below before submitting your application.

Mens: Womens:

Quarter Finals - 13th and 20th May Preliminary - 16th and 23rd May

Semi Finals - 3rd and 10th June Quarter Finals - 23rd May and 6th June

Final - 23rd June Semi Finals - 13th June

Final - 23rd June