



LJS Foundation Cup Application form

Sat 24th & Sun 25th June 2017 (u9/u11 sat u10/u12sun)

Team Name

Age Group of Cup Entering

Team colours

shirts	<input type="text"/>	shorts
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Name of County F.A.

Club F.A. Affiliation number

Contact Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone No

Email address

All age groups are as per season 2016/2017

Entry fee per team is £25.00.

I/We agree to abide by the rules laid down by LJS/MRFC for the cup and I/we will be responsible for the behaviour of my/our teams.

signed	date
print name	club position

Please return completed application form with your cheque, made payable to LJS Foundation to. Mr R Wilson, 28 Edenthorpe Grove, Halfway, Sheffield S20 6TG

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