

Name of Club:	
Type of Organisation: <small>(Limited, Company, Association, Members Club, etc.)</small>	
Discipline Applied for <small>(Adult contact, Adult Flag, Youth Contact, Junior contact, Junior Flag, Cadet Flag)</small>	

The person listed below will be the first point of contact for all correspondence	List below Club Officials and the position held. * Field MUST be completed for non adult teams	
Manager's Name:	Name:	Position Held
Address:		Welfare Officer*
Post Code:		
Phone Number:		
E-mail Address:		

Please give details of your Head Coach	List below the names of all assistant coaches and the position held		
Name:	Name	Position Held	BAFA Number
Address:			
Phone Number:			
E-mail Address:			
BAFA Number:			

Home Venue Details			
Address of Ground:		Changing Rooms?	Yes No
		Showers?	Yes No
		Playing Surface?	Grass Astroturf
		Length of field? <small>(not 5 man teams)</small>	90yds 100yds
		**H/Y Goal Posts? <small>(not 5 man teams)</small>	Yes No
Phone No. of Ground		Ground availability?	Sat Sun
Special Parking Details (e.g. No Free Parking)			

Do you have experienced Ball Boys over the age of 14?	YES / NO	Do you have experienced Chain Crew over the age of 16?	YES / NO
Is drinking water available at the venue?	YES / NO	Do you have team benches on both sides of the playing field?	YES / NO
Do you have proper end zone corner markers?	YES / NO	Do you have padding for goal posts?	YES / NO
Are there any obstructions in the end zone area?	YES / NO	Have you separate changing rooms for both teams?	YES / NO
Have you separate changing rooms for referees?	YES / NO	Have you separate changing rooms for cheerleaders?	YES / NO
Are all changing rooms lockable during a game?	YES / NO		

Helmet Colour		Face Cage Colour	
Home Shirt Colour		Away Shirt Colour	
Home Pants Colour		Away Pants Colour	
Sock Colour			

Declaration and Signature

On behalf of (Club Name)

I apply for membership of the BAFA Community Leagues for the 2010 season.

I agree to abide by the rules and regulations set out by the League.

I confirm that all information included in this application is accurate and true to the best of my knowledge. I also confirm that any changes to the management structure or core information will be notified in advance to the league in writing.

I understand that should any information be found to be inaccurate, false or incomplete that this may invalidate this application and could result in disciplinary action.

I understand that fulfilling the basic criteria for a team does not automatically mean acceptance into the League.

Signed:

Print Name:

Position in the Club:

Date:

Does the club have any outstanding creditors?

Is the club subject to any county court judgements?

Is the club the subject of any current or pending litigation?

(If yes to any question attach details on separate sheet)

ALL CLUBS MUST SUPPLY THE FOLLOWING:

£150 Application fee by cheque drawn on a team bank account payable to “**BAFA**”.

Fully Completed Applications must be submitted together with payment to:

BAFA Competitions
 Mr T Smith
 84 Longmead Drive
 Sidcup
 Kent
 DA14 4NZ

Completed team member registration forms for a minimum of 25 players and one BAFCA Registered Coach together with payments for each player, non player and Registered Coach in accordance with the fee levels are required before full membership is permitted. They can be submitted after the team application.

NB: All information may be entered onto BAFA database.

Should your club wish to see the information we hold about your club please contact us with your request in writing.