APPLICATION FOR ENTRY TO THE WALLASEY JUNIOR FOOTBALL LEAGUE FOR SEASON 2017/2018

Please use block capitals to complete form

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<u>M</u>	ini Soccer						F.C. (Block Capitals)	
		wish to provisional	lly apply for the follo	wing teams to compete in	the Wallasey Junior Football League	e for Season 2017/2018		
Secretary's Name								
Ad	dress							
Pos	st Code		Tel No: (Ho	ome)	(Mobile)			
Clı	ıb Welfare O	fficers Name			Signature			
CV	VO FAN No.		Date of	Safeguarding Children Co	purse	Date of WOW		
Age	Number of Teams	Team Names	Colours	Ground (If LA please state ground you will apply for)	Manager's Name & Assistant Manager's Name	Home Telephone Number	Mobile Telephone Number	Does this person currently have a WJFL ID Card and Lanyard? YES or NO
Under 9's								
Under 9's								
Under 10's								
Under 10's								
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