APPLICATION FOR ENTRY TO THE WALLASEY JUNIOR FOOTBALL LEAGUE FOR SEASON 2019/20

Please use block capitals to complete form

Mir	ni Soccer (L. W. II		.C. (Block Capitals)	
					he Wallasey Junior Football League			
	-				Signature			
Post	Code		Tel No: (Home)	(Mobile)			
Club	Welfare Off	icers Name			Signature			
CWO	O FAN No		Date of Saf	feguarding Children Cou	ırse	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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PLEASE COMPLETE AND RETURN THIS FORM TO THE LEAGUE SECRETARY BEFORE 8th June 2019: Mr Hugh Gilmour, 3 Chatsworth Avenue, Wallasey, CH44 0AJ