

**LEINSTER FOOTBALL
ASSOCIATION
43 PARNELL SQUARE, DUBLIN 1**

(This form must be completed in Block Letters)

2007 LEINSTER YOUTH CUP ENTRY FORM

Must be returned on or before 31st August with an entry fee of 25 Euro

(USE BLOCK CAPITALS PLEASE)

NAME OF CLUB	SAT/SUN – LEAGUE - DIVISION
HON. SECRETARY'S NAME	TELEPHONE NUMBER
Hon. Secretary's Address (in full)	
Email	

COLOURS	Usual Kick Off Time	GROUND

Public Liability Insurance No: _____ Name of Company _____

Expiry Date: _____ Declaration _____

THIS PORTION MUST ALSO BE COMPLETED

Received the sum of _____ as Entry Fee for the Leinster Youth Cup from the
_____ Football Club

Signed _____ P.P. Leinster Football Association

(THIS RECEIPT MUST BE RETAINED AND PRODUCED WHEN NECESSARY)