

FORRISTAL'S PHARMACY
OVER 35'S
INDOOR 5-A-SIDE LEAGUE
2009-2010
LEAGUE ENTRY FORM 2009 – 2010

NAME OF TEAM _____

ALL DETAILS MUST BE COMPLETED IN FULL BY COMMITTEE MEMBERS

CHAIRMAN;

NAME	TEL (WORK)
ADDRESS	TEL (HOME)
	TEL (MOB)
	E-MAIL
SIGNITURE	DATE

MANAGER;

NAME	TEL (WORK)
ADDRESS	TEL (HOME)
	TEL (MOB)
	E-MAIL
SIGNITURE	DATE

SECRETARY;

NAME	TEL (WORK)
ADDRESS	TEL (HOME)
	TEL (MOB)
	E-MAIL
SIGNITURE	DATE

TREASURER;

NAME	TEL (WORK)
ADDRESS	TEL (HOME)
	TEL (MOB)
	E-MAIL
SIGNITURE	DATE

THE ABOVE SIGNED EACH HEREBY JOINTLY UNDERTAKE TO AGREE WITH FORRISTAL'S OVER 35'S LEAGUE THAT;

- I. WE ARE MEMBERS OF THE COMMITTEE OF THE ABOVE NAMED TEAM
- II. ALL PLAYERS OF THE ABOVE NAMED TEAM ARE REGISTERED WITH THE ABOVE NAMED TEAM
- III. WE ACCEPT FULL RESPONSABILITY FOR ALL THE AFFAIRS OF THE ABOVE NAMED TEAM
- IV. WE ACCEPT ALL RULES AND REGULATIONS OF FORRISTAL'S PHARMACY OVER 35'S LEAGUE
- V. WE WILL **NOT ALLOW ANY UNREGISTERED PLAYERS**, PLAY FOR THE ABOVE NAMED TEAM
- VI. WE ACCEPT FULL RESPONSABILITY AND LIABILITY FOR ANY LOSS, DAMAGE OR CLAIM SUSTAINED BY FORRISTAL'S PHARMACY OVER 35'S LEAGUE AS A RESULT OF A BREACH BY ANY OF US, OR ANY PLAYERS OF THE ABOVE NAMED TEAM OF THE RULES AND REGULATIONS OF FORRISTAL'S PHARMACY OVER 35'S LEAGUE
- VII. WE HEREBY AGREE TO INDEMNIFY, AND KEEP INDEMNIFIED FORRISTAL'S PHARMACY OVER 35'S LEAGUE FROM AND AGAINST SUCH LOSS, DAMAGE OR CLAIMS

Please complete and return this committee form with an initial payment of €150.00 before WENSDAY 30TH SEPTEMBER. *(Cheques made payable to Clonakilty A.F.C.)*

**To; Clonakilty over 35's league
C/o The Administrator
3, Scartagh
Clonakilty
Co Cork**