SEVERN VALLEY YOUTH FOOTBALL LEAGUE



## Severn Valley Youth Football League - Club Entry Form 2024/2025

To be completed and returned via email by 3rd May 2024 to: Mrs Sue Davis <u>suedavis21@live.co.uk</u> 9 Almond Walk, Lydney, Glos GL15 5LP

## NAME OF CLUB -

| CLUB OFFICERS     | NAME | MOBILE NUMBER | EMAIL ADDRESS |
|-------------------|------|---------------|---------------|
| Club Secretary    |      |               |               |
| Club Chairman     |      |               |               |
| Treasurer         |      |               |               |
| Welfare Officer   |      |               |               |
| Emergency Contact |      |               |               |

**GROUND DETAILS** 

Number of Pitches at ground

| Ground Name | Ground Address including postcode | 5v5 | 7v7 | 9v9 | 11v11 | Toilets | Defibulator |
|-------------|-----------------------------------|-----|-----|-----|-------|---------|-------------|
|             |                                   |     |     |     |       |         |             |
|             |                                   |     |     |     |       |         |             |
|             |                                   |     |     |     |       |         |             |
|             |                                   |     |     |     |       |         |             |
|             |                                   |     |     |     |       |         |             |
|             |                                   |     |     |     |       |         |             |

PLEASE CONFIRM HOW MANY PITCHES & THEIR SIZES ARE USED AT EACH GROUND.

## **TEAM INFORMATION**

| Team Name | Team Manager Mobile Number |  | Email Address   | Home Ground including postcode &   |  |  |
|-----------|----------------------------|--|---|--|--|--|
|           |                            |  |   | pitch number   |  |  |
|           |                            |  |   |  |  |  |
|           |                            |  |   |  |  |  |
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|           |                            |  |   |  |  |  |
|           |                            |  |   |  |  |  |
|           |                            |  |   |  |  |  |
|           | Team Name                  | Team Name Team Manager   Image: Imag | Team Name Team Manager Mobile Number   Image: Ima | Team NameMobile NumberEmail AddressImage: Image: |  |  |

TEAM ENTRY WILL BE £40 PER TEAM ENTERING THE LEAGUE IN THE 2024/2025 SEASON. PAYMENT MUST BE SENT WITH APPLICATION. A STANDARD PLAYER REGISTRATION FEE FOR TEAMS WILL ALSO APPLY WHICH YOU WILL BE INVOICED IN AUGUST AND MUST BE PAID IN FULL PRIOR TO THE START OF THE SEASON. PAYMENT TO BE MADE BY BACS TO SEVERN VALLEY YOUTH FOOTBALL LEAGUE 20-33-83 33191419 (please quote your Club name as a reference.