

Team Sheet

Please return this form to the CYP Programme Team by Friday 10th April.

Club: Colours:.....

Age Group: U12 Boys U12 Girls (Born on or after 1.1.2003)

U14 Boys U14 Girls (Born between 1.1.2001 and 31.12.2002)

Registration Form:

First Name	Surname	D.O.B.	Age
1			
2			
3			
4			
5			
6			
7			
8			

The team representing my club in this competition will be chosen from those named above. I certify that all participants listed are members of this club and the dates of birth given are correct.

..... (Club Leader/Team Manager)

If any additional changes are required to lists then clubs leaders must contact the sports team at CYP.

Due to Insurance regulations all players MUST WEAR SHIN GUARDS during play. Players who do not have shin guards WILL NOT be allowed to participate.

Please return forms to:
**Clubs for Young People
22 Stockmans Way
Musgrave Park Industrial Estate
Belfast
BT9 7JU**

<p>For Office Use Only:</p> <p>Affiliation Paid: Yes/No</p> <p>Entry Fee Paid: Yes/No</p>
