



Kent Youth League Club Application Form 2010 – 2011

Please complete **one** separate application form for **each team**.

ALL APPLICATION FORMS FULLY COMPLETED PAGES 1 - 3 TO BE RETURNED TO ANDY COWAN BY

EMAIL acowan.referee@yahoo.co.uk

NO LATER THAN 1st MAY 2010.

ALL APPLICATES MUST HAVE CHARTER STANDARD

CLUB NAME	
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CHARTER STANDARD LEVEL:	
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COUNTY AFFILIATION NUMBER	
2010 -2011	

	U21	U18	U17	U16	U15	U14	U13
AGE GROUP/S							
KICK OFF TIME – 11am or 2pm	tbc	11am	11am				

Please note that 3G pitches may have kick off times of 10.30 for u13 & u14 – 12.30 and 14.30 for u15 or u16.

NAME OF CONTACT FOR HANDBOOK:	
ADDRESS: (INCLUDE POSTCODE)	
EMAIL ADDRESS:	
TEL:	
MOBILE:	
EMERGENCY NUMBER	

NAME OF CONTACT FOR CORRESPONDANCE (IF DIFFERENT FROM ABOVE)	
ADDRESS: (INCLUDE POSTCODE)	
EMAIL ADDRESS:	
TEL:	
MOBILE:	

NAME OF GROUND	
ADDRESS OF GROUND (INCLUDE POST CODE)	
NUMBER OF PITCHES & MAXIMUM NUMBER OF TEAMS AT HOME AT THE SAME TIME	- 3G – YES / NO
DO YOU HAVE SOLE USE (IF NOT GIVE DETAILS WHO HAS PRIORITY)	YES / NO
WHO WILL CALL GAMES OFF GROUNDSMAN OR COUNCIL	

	SHIRT	SHORTS	SOCKS
HOME COLORS			
ALTERNATIVE COLORS			

NAME OF TEAM MANAGER:	
MANAGERS QUALIFICATION	
EMAIL ADDRESS:	
TEL:	
MOBILE:	
EMERGENCY NUMBER IF DIFFRENT	
HAS CRB CHECK BEEN CARRIED OUT	
NAME OF FIRST AIDER	

COUNTY CUP ENTERED	YOU MAY ONLY ENTER ONE COUNTY CUP
KENT	
LONDON	
SURREY	
OTHER	

JOHN ULLMANN MEMORIAL CUP U18s	Please state if you will enter this is a midweek competition. YES - NO
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Please Indicate when you will be able to start your fixtures at Home only if your ground is not available.	
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NEW CLUBS INFORMATION FOR WEBSITE CLUB PAGE

CLUB BADGE	To be emailed to the website manager if you are accepted to the league
CLUB NICKNAME	
YEAR CLUB FORMED	
CLUB WEBSITE ADDRESS	

PLEASE POST A COPY OF THIS PAGE ONLY WITH ANY PAYMENTS FOR NEW APPLICATIONS AND EXTRA TEAMS

TO

MR ANDREW COWAN 32 SHARFLEET DRIVE, STROOD, KENT, ME2 2UA

AGREEMENT TO BE SIGNED

The Chairman and the Secretary of each Club shall complete and sign the following agreement which shall be deposited with the Competition together with the Application for Membership for the coming season, or upon indicating that the Club intends to compete.

"We, A, _____ of _____ (Chairman) and
B _____ of _____ (Secretary) of the
_____ Football Club have been provided with a copy of the Rules and
Regulations of the Kent Youth League football Competition and do hereby agree for and on behalf of the said
Club, if elected or accepted into Membership, to conform to those Rules and Regulations and to accept, abide by
and implement the decisions of the Management Committee of the Competition, subject to the right of appeal in
accordance with Rule 16."

Any alteration of the Chairman and /or Secretary on the above Agreement must be notified to the Kent County
Football Association(s) to which the Club is affiliated and to the Chief Executive of the Competition.

(Note: The spaces above are intended for the inclusion of the signatures and addresses of officers and
members).

NEW APPLICATIONS: £ 175.00 per team (Application Fee this will be returned if not elected to the league)

**Please ensure that new applicants have read the 2009 – 2010 league rules from the website
www.kentyouthleague.co.uk**

Pleas sign to say you have read:

EXSITING CLUBS EXTRA TEAMS: £ 175.00 (this will be returned if not elected to the league)

ALL PAYMENTS TO BE MADE TO:

KENT YOUTH LEAGUE

(WITH NAME OF CLUB AND AGE GROUP ON THE BACK OF CHEQUE PLEASE)