

GAA Injury Fund 2015



TEAM REGISTRATION RENEWAL FORM

Club: _____

County: _____

Renewal Date: _____

File No: _____

Adult			Youth		
Grade	Football	Hurling	Grade	Football	Hurling
Senior A			Minor (U18)		
Senior B			Under 17		
Senior C			Under 16		
Intermediate A			Under 15		
Intermediate B			Under 14		
Intermediate C			Under 13		
Junior A			Under 12		
Junior B			Under 11		
Junior C			Under 10		
Total			Under 8		
			Total		

U21			Educational Bodies / Interfirms		
Grade	Football	Hurling	Grade	Football	Hurling
Under 21 A			School Team		
Under 21 B			Total		
Under 21 C			Third Level Education		
Total			Total		
			Interfirm Team		
			Total		

SUBSCRIPTIONS

Total Adult Teams _____ at €1,000.00 per team	=	€ _____
Total U21 Teams _____ at €450.00 per team	=	€ _____
Total Youth Teams _____ at €200.00 per team (max €1200.00)	=	€ _____
Total Schools Teams _____ at €200.00 per team (max €300.00)	=	€ _____
Total Third Level _____ at €200.00 per team (max €600.00)	=	€ _____
Total Interfirm Teams _____ at €200.00 per team	=	€ _____
CHEQUE ATTACHED	=	€ _____

<p>Name & Address (IN BLOCK CAPITALS)</p> <p>Club Sec: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Ph No: _____</p> <p>Email: _____</p> <p>Signature: _____</p>	<p>ALL SECTIONS MUST BE FILLED</p> <p>Injury Fund admin: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Ph No: _____</p> <p>Email: _____</p> <p>Signature: _____</p>
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After signature, please return this form, in triplicate together with a cheque made payable to Cumann Lúthchleas Gael for the total subscriptions, to your County Secretary by not later than 1st Jan 2015.

Date Received by County Committee: _____ Signature: _____

NO REGISTRATION - NO FEE - NO BENEFIT