



GYFDL CLUB/TEAM MEMBERSHIP APPLICATION FORM

Club/Team Name: _____

Address: _____

Email Address: _____

Club/Team Director: _____

Contact Telephone: _____

Alternate Contact Telephone: _____

Number Teams: _____

Age Groups: Please select applicable age group/s

Boys	Girls
U10	U10
U11	U11
U12	U12
U13	U13
U14	U14
U15	U15
U16	U16
U17	U17
U18	U18
U19	U19

Please complete and return it to us.



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Recreational League:

Open: Men Women

Men Over 30

Men Over 50

Home Field Address if applicable: _____

Most Recent League or Tournaments engaged in: _____

Year Club/Team was established: _____

Is Your Club/Team Affiliated with Edo Football Association? Yes ___ NO ___

Does your Club/Team need assistance with registration and affiliation with Edo FA. Yes ___ NO ___

Print Name: _____ Date: _____

Please complete and return it to us.