SOUTHEND SUNDAY FOOTBALL LEAGUE

SOUTHEND SUNDAY CHARITY FOOTBALL COMPETITION

STATEMENT OF INTENT 2018/2019		
1. FULL NAME OF CLUB		
2. SECRETARY	**Surname** Address Tel:(home) **E-mail**	**First Name** Post Code Tel: (mobile)
3. CHAIRMAN	**Surname** Address Tel:(home)	**First Name** Post Code Tel: (mobile)
4. EMERGENCY CONTACT	Name	Tel: (h) Tel: (m)
5. GROUND	1st Team	2nd Team
6. TEAM COLOURS	1st Team	2nd Team
7. FIXTURES	**Clubs must be prepared to play from the first Sunday in September. Clubs wishing to have a free Sunday because of a Club event will be required to give at least 6 weeks notice but the granting of such request is not guaranteed.** **Free dates will not be granted in periods for which Fixtures have been issued.**	
8. ADDITIONAL TEAM	Does the Club wish to enter a new team - additional to that / those shown above? Yes No If yes, a £10 entrance fee must accompany this form.	

9. FORM OF AGREEMENT

We, A……of……..……..(**Chairman**)
(Address)

And B……of……..……(**Secretary**)
(Address)

of……**F.C.** have been provided with a copy of the Rules and Regulations of the Southend Sunday Football League 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.

Signed

…… **Chairman**

…… **Secretary**

Dated the……(day)……(month) of……(year)

THIS FORM MUST BE COMPLETED IN INK AND BLOCK CAPITALS AND RETURNED TO THE LEAGUE SECRETARY NOT LATER THAN 30th April 2017