NORTH BERKS FOOTBALL LEAGUE
FORM D : SEASON 2017/2018

Name of Club…….....

Name of Club Secretary…….

Address……..

……Post Code……...

Telephone No's……..

(Please Indicate if Home (h) Business (b) Mobile (m)

E-Mail Address……..

Please also supply Alternative Emergency Contact Telephone Number

Person's Name……Tel. No…….....

Location of Ground……

Club Colours (Please State Exactly)

First Team……

Reserve Team…….

'A' Team……

ENTRY DETAILS (please tick where appropriate)

North Berks League

First Team		Reserve Team		'A' Team	

Cup Competitions

North Berks Cup		Charity Shield		War Memorial Cup	

Reserve & 'A' Team Cup Competitions

Kingham Cup		League Cup		Nairne Paul Trophy	

Signed……(Hon. Secretary)

This form to be fully completed and returned to General Secretary