



**LEINSTER FOOTBALL ASSOCIATION**  
 FAI HQ. NATIONAL SPORTS CAMPUS  
 ABBOTSTOWN, DUBLIN 15



(THIS FORM MUST BE COMPLETED IN BLOCK LETTERS)

**ENTRY FORM FOR LEINSTER JUNIOR CUP**

FAILURE TO FULFIL A FIXTURE IN THIS COMPETITION MAY RESULT IN A FINE UP TO €200 AND POSSIBLE EXCLUSION FROM NEXT SEASONS COMPETITION.

**Must be returned on or before 1st September with entry fee €25.00**

(USE BLOCK CAPITALS PLEASE)

NAME OF CLUB		SAT/SUN – LEAGUE – DIVISION
HON. SECRETARY'S NAME		TELEPHONE NUMBER
Hon. Secretary's Address (in full) _____ _____ e-mail: _____		
COLOURS	Usual Kick Off Time	GROUND

Public Liability Insurance No. \_\_\_\_\_ Name of Company \_\_\_\_\_  
 Expiry Date \_\_\_\_\_ Declaration \_\_\_\_\_

**THIS PORTION MUST ALSO BE COMPLETED**

Received the sum of ..... Entry Fee for Leinster Junior Cup from the .....  
 ..... Football Club.

Signed .....

P.P Leinster Football Association



**(THIS RECEIPT MUST BE RETAINED AND PRODUCED WHEN NECESSARY)**