**APPENDIX 3**

|  |  |  |
| --- | --- | --- |
| Shape  Description automatically generated with medium confidence | **East Region Qualifying Tournament**  **Registration Form**  **2024-25** | Shape  Description automatically generated with medium confidence |

**Club Name: U13/U15 (Delete where applicable)**

**Kit Colours : Bibs:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Affiliation No.** | **D.O.B.** | **Local/County League and team player plays in** | **Club Contact Address** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  | **Club Affiliation Number** |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **Coach** |  |  | **Phone:**  **Email:** | | |
| **Main emergency contact** |  | | **Phone:**  **Email:** | | |
| **scorer** |  | | **Phone:**  **Email:** | | |

**Coach to sign to confirm validity of information provided on this page**

*I (Coach/manager) agree that all the players named above are eligible.*

*Signed………………………………………………………. Date………………………….*

**This form is to be emailed to** [**erylcompetition@gmail.com**](mailto:erylcompetition@gmail.com) **by May 8th 2024**