

KILLARNEY ATHLETIC A.F.C. 6

7-A-Side





Before completing this form please read the following instructions carefully.

- 1. Each entry form must be returned with the correct entry fee fully completed
- 2. It is the responsibility of each Manager to bring to the attention of each of his player the rules and conditions on the accompanying page.
- 3. Please include your Email address so as to notify you re fixtures ASAP.

Team Name	Colo	ours
We the under	signed understand and agree to the rules	of the competition
NAME	ADDRESS	Soccer Club Affiliated to (If any)
PLEASE PRINT CLEARLY		(ii uniy)
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Your team Contact:		
Name		Tel. No
Email Address:		
Address		
	ndersigned agree to the rules of the	
Manager	Cantain	