

KILLARNEY ATHLETIC A.F.C. 6 7-A-Síde





Sponsored by Killarney Credit Union

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	Colours	
We the under	signed understand and agree to the rule	s of the competition
NAME	ADDRESS	Soccer Club Affiliated to (If any)
PLEASE PRINT CLEARLY		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Your team Contact:		
Name		.Tel. No
Email Address:		
Address		
We the un	ndersigned agree to the rules of the	he competition
Manager	Captain	

