

Sussex County Football Association Limited
CLUB AFFILIATION FORM - SEASON 2009/2010

SCFA Headquarters, Culver Road, Lancing, West Sussex, BN15 9AX



****FOR OFFICE USE ONLY****

Club Name:

CLUB AFFILIATION FORM - SEASON 2009/2010

Please complete this form as fully as possible in accordance with any guidance notes given, and return to the above address by **30-Jun-2009**. Where information is missing or incorrect, please use the space provided to update.

Club Secretary:

Name:	Date Of Birth:
Name, address and date of birth if different to above	
Tel home:	
Tel work:	
Mobile:	
Fax:	
E-mail:	
Do you have internet access for purposes of running your club? Yes / No	
What is your website address?	
What is your club's email address?	

Ground

Provide the address and local authority of where you consider to be your home ground. If teams within your club play at grounds different to this, please provide the detail separately. If you do not know the ground address, then provide the name of the local authority of the ground that you consider to be your home ground. You can find a local authority at <http://neighbourhood.statistics.gov.uk>

Ground Address:
Local Authority :
If different from above:
If you do not know where you will play (for example waiting for a pitch to be allocated), then please tick here <input type="checkbox"/>

Mandatory Contacts

Chairman:

If same as secretary, please state 'As Secretary'

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

Treasurer:

If same as secretary, please state 'As Secretary'

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

Club Welfare Officer:

Please note that all clubs with youth teams (under 18 or below) **must** have a Club Welfare Officer (CWO) in order to affiliate. The CWO must have either an accepted enhanced FA CRB check or, as a minimum, have submitted their CRB paperwork to The FA CRB Unit, so that the check is in progress. They must also have completed The FA Safeguarding Children workshop. For any enquiries regarding this policy, please e-mail footballsafe@TheFA.com or call 0845 210 8080.

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

List of Teams for Club Name:

Provide or update (if required) the details of all teams playing in the 2009/2010 season. Use additional sheets if necessary. For the fields below please choose from the following options when entering your team details.

Please note that for youth teams (ie where the age group is Under 18 or below) a Manager or Coach **must** be named.

Veterans / Open Aged / U23 / U21 / U19 / U18 / U17 / U16 / U15 / U14 / U13 / U12 / U11 / U10 / U9 / U8 / U7

Team Category: 11 v 11 - 9 v 9 - 7 v 7 - 6 v 6 - 5 v 5 - 4 v 4 - 3 v 3 - Futsal - Mini Soccer

Non Disabled - Blind - Partially Sighted - Deaf and Hearing impaired - Cerebral Palsy - Learning Disability - Wheelchair - Amputee - Pan Disability

Usually Plays On: Mon - Tue - Wed - Thu - Fri - Sat - Sun

Gender: Male, Female, Mixed - U11 and over cannot be mixed

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name: Address: DOB:
Emergency Contact	
Additional Team Contacts (state role)	
Ground Details (if different from club's)	

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name: Address: DOB:
Emergency Contact	
Additional Team Contacts (state role)	
Ground Details (if different from club's)	

List of Teams for Club Name: [REDACTED]

Provide or update (if required) the details of all teams playing in the 2009/2010 season. Use additional sheets if necessary. For the fields below please choose from the following options when entering your team details.

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Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name: Address: DOB:
Emergency Contact	
Additional Team Contacts (state role)	
Ground Details (if different from club's)	

Club Declaration Club Name:

The Club hereby undertakes to keep a register of members, cashbook, Minute Book and audited accounts of the Club in accordance with FA regulations.

By completing and signing this form, on behalf of the Club, the Club applies for membership of the Company and agrees with its members to be bound by the Memorandum and Articles of the Company and any rules and regulations made pursuant thereto including the rules and regulations of The Football Association.

Rule 4 (a) of The Football Association states that, "Clubs, players and officials subject to the jurisdiction of The Football Association or an affiliated Association shall not be associated with or play with or against any Club which is not a Member of The Association or an affiliated Association." The Club agrees to ensure that all competitions the Club or its members compete in are sanctioned by the appropriate Association.

This completed affiliation form and the appropriate remittance must be returned to the Association by **30-Jun-2009** Failure to comply will result in a fine of **£25.00**.

We may use the information you provide to send you information about the products and services provided by the County FA and other third parties. If you do not wish to receive any information from us or third parties about products and services please contact the County FA in writing at the registered office.

Signature of Club Secretary

Date

FOR OFFICE USE ONLY

Date Received						
Receipt Number						

GIRLS AFFILIATION 2009/2010 (TEAM DETAILS)

PLEASE ENTER NUMBER OF TEAMS IN EACH AGE GROUP (Must be completed)				
AGE GROUP	GIRLS		MIXED	
	Please indicate those playing Mini Soccer with a TICK		Please indicate those playing Mini Soccer with a TICK	
	SAT	SUN	SAT	SUN
Under 7's				
Under 8's				
Under 9's				
Under 10's				
Under 11's				
Under 12's				
Under 13's				
Under 14's				
Under 15's				
Under 16's				
Under 17's				
Under 18's				

YOUTH AFFILIATION 2009/10 (STATEMENT OF FEES)

SECTION A – Club Affiliation

	STATUS	AFFILIATION FEE (INCL. VAT @ 15%)	PLEASE TICK THOSE APPLICABLE
	GIRLS CLUBS	£ 35.65 includes 1 Team	
	CLUBS WHO ONLY PLAY MINI-SOCCER	£ 13.80 includes 1 Team	
ADDITIONAL TEAMS	All additional non Mini-Soccer teams of the Affiliated Club shall pay an additional Team Fee of:	£28.75 each Enter number in empty box →	
ADDITIONAL MINI SOCCER TEAMS	All additional MINI-SOCCER teams of Youth, Girls & Mini Soccer Clubs shall pay an additional Team Fee of:	£11.50 each Enter number in empty box →	

SECTION B – Other Items

OTHER ITEMS		FEE
Public Liability Insurance £5,000,000 cover Includes IPT and admin fee of £7.50	Mandatory @ £34.81 per Club	Included on Invoice
Public Liability Insurance £10,000,000 cover <input type="checkbox"/> Includes IPT and admin fee of £7.50 (Please tick box if applicable)	Option @ £41.08 Per Club	Included on Invoice if selected
Personal Accident Insurance (see attached papers)	Mandatory per team	Included on Invoice
County FA Handbook - VAT Zero Rated – One Handbook per Club is mandatory – please enter number required in empty box including the mandatory copy.	@ £11.00 →	
DONATION to the SCFA BENEVOLENT FUND (Please give as generously as possible to help injured players in necessitous circumstances)	Enter amount to be invoiced:	£

AN INVOICE WILL BE ISSUED FOR THE AFFILIATION FEES AND INSURANCE PREMIUMS WHICH MUST BE SETTLED WITHIN 14 DAYS OF THE INVOICE DATE. FAILURE TO PAY ANY INVOICE WITHIN THE STATED PERIOD WILL RESULT IN A FINE OF £25 TO BE PAID WITHIN 14 DAYS, FAILING WHICH FURTHER DISCIPLINARY ACTION MAY BE TAKEN.

Please also be aware that if you have not received your Invoice within 7 days of sending in your Affiliation Forms you will need to contact the SCFA Office on 01903 753547 to obtain a copy. Unfortunately to say you have not received your Invoice because it has been lost in the post is no excuse for not settling your Invoice within the 14 days.

THIS FORM MUST BE RETURNED TO THE SCFA BY: **30TH JUNE 2009**

PLEASE DO NOT SEND ANY MONIES AT THIS STAGE

SUSSEX COUNTY FOOTBALL ASSOCIATION LIMITED

OFFICE USE ONLY:

GIRLS CLUB CUP ENTRY FORM SEASON - 2009/2010

Please complete all sections in black ink

CLUB NAME:

CUP COMPETITIONS

(Please note: Only one entry per Club can be accepted for the following SCFA Ltd Cup Competition for which they qualify)

Please tick empty box if your Club would like to enter:

<u>SUSSEX GIRLS CHALLENGE CUP</u>	<u>UNDER 14</u>		
Home Kick Off Time: 10.30am / 2.00pm (Delete as appropriate)		£10.00	
Please be aware that the time you agree will be the time that all your Home Challenge Cup matches will kick-off			

Please be aware that this County Cup Competition takes place on a Sunday and is 11-side. This Competition is subject to number of entries making the Competition viable.

AN INVOICE WILL BE ISSUED FOR THE FEE, WHICH MUST BE SETTLED WITHIN 14 DAYS OF THE INVOICE DATE. FAILURE TO PAY ANY INVOICE WITHIN THE STATED PERIOD WILL RESULT IN A FINE OF £25 WHICH MUST BE PAID WITHIN 14 DAYS FAILING WHICH FURTHER DISCIPLINARY ACTION MAY BE TAKEN.

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THIS FORM MUST BE RETURNED TO THE SCFA BY: 30TH JUNE 2009

(Failure to do so WILL result in your Club not being included in the Cup Draws)

PLEASE DO NOT SEND ANY MONIES AT THIS STAGE