



Dunboyne Ladies Gaelic Football Club



2010 Registration Form

*Contact Name : _____

*Contact Address : _____

*Contact Phone : _____ Mobile : _____

*Email Address : _____

*Member Signature(Parent / Guardian) : _____

Note : Signature of Parent / Guardian for underage girls implies consent to the team managers / mentors in administering First Aid in the event of any medical treatment being required while participating in club activities.

* Information MUST be supplied

Name	Date of Birth	Medical Information (Where Relevant)

Please enclose Registration Fee – Individual Member = €65 / Family= €150

Receipt Slip for 2010 Membership

Subscription of € _____ in Cash / Cheque received (delete as appropriate)

Signed : _____ On behalf of the Dunboyne Ladies GFC

Print Name : _____ Date Received : ____ / ____ / 2010

www.dunboyneladiesgaa.com