



2017 APPLICATION FOR REGISTRATION OF FOOTBALL CLUB

Please print using black or blue ball point pen. PLEASE COMPLETE ALL SECTIONS AND SEND TO YOUR COMPETITION ADMINISTRATOR

CLUB DETAILS

Name of Club: _____

Form of football played by your Club (please tick all that are applicable)

Outdoor _____ Futsal _____ Beach _____

Street address of football Club _____

Mailing address of football Club (if different from above) _____

Football Club email address _____

Football Club telephone number _____

Football Club facsimile number _____

Which District Association/League are you a member of? _____

CLUB PRIMARY CONTACT INFORMATION

Title of contact person

Mr Mrs Miss Ms Dr Prof

Name of contact person

First Name _____

Last Name _____

Street address of contact person _____

Email address of contact person _____

Telephone number of contact person _____

Position within the Football Club _____

General Club Information

Please provide the names and addresses of all grounds or venues used by your Football Club for training and matches. Please also indicate whether these grounds have lighting

Ground name and address

(Please also confirm whether used for matches, training or both) Lighting

Y/N

1. _____

2. _____

How many registered players does your Football Club have?

Male _____ Female _____

Under 18 _____ Under 18 _____

Over 18 _____ Over 18 _____

If your Football Club has a logo, please send a color image to your Association/League.

Please provide details of your Football Club's committee

Name e.g. Bob Smith

Position e.g. Chairman

Does your Football Club employ any paid personnel? Yes ___ No ___
If yes, please provide the following details

Name _____

Role _____ Full or part time _____

Name _____

Role _____ Full or part Time _____

Name _____

Role _____ Full or part time _____

SIGNING

The Football Club applies to the Football Federation of Belize through its Association/League to be registered as a Football Club in Belize. The Football Club warrants that the information provided on this application form is current and correct and that it will promptly notify the Competition Administrator or member Association/League of any changes. By signing this form, the Football Club and its officials agree to comply with the FIFA and FFB Statutes, Disciplinary Regulations and its Code of Conduct.

(Signature of Football Club Primary Contact)

(Date)

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

Date Received ___/___/___ Competition Administrator Approved

Approved By Association/League _____

Approved By FFB _____

Important: if any of the details provided change, the Competition Administrator or the Member Association/League must be immediately notified. OFFICIAL COPY - Football Federation of Belize