..... FOOTBALL ASSOCIATION
APPLICATION FOR SANCTION OF COMPETITION
FORM D

Name of Competition:_____

Name and Address of Secretary:_____

_____

I certify that the Clubs named on this form are affiliated for the ensuing season to their respective County Associations, and I apply for sanction of the Competition

Date :_____(Signed)_____Secretary of Competition

This Form, accompanied by two copies of the rules, must be sent to The Secretary of the County Football Association

Name of Club (In alphabetical order)	Name and Address of Secretary	Name of County Association or Associations to which the Club belongs	No. of reciept for Affiliation fee for ensuing season paid to County Association or Associations