

**Down GAA**

**CUMANN LÚTHCHLEAS GAEL AN DÚIN**

**COISTE CHEANNAIS NA gCOMORTAISÍ**

**APPLICATION FOR INDEPENDENT TEAM (Amalgamation)**

**This form only applies to teams at U21/20, Minor and younger grades.**

**Please note that the name of an Independent team shall not bear the name of an Adult**

**Club within the County, as per Rial 6.8(b);**

|  |  |
| --- | --- |
| Applicant Clubs |  |
| Name of proposed team: |  |
| Colours |  |
| Home Venue |  |
| Competition(s) |  |
| Designated Chairperson | Name:  Mobile:  Email: |
| Designated Secretary | Name:  Mobile:  Email: |
| Designated Children’s Officer | Name:  Mobile:  Email: |
| Date |  |