|  |  |
| --- | --- |
|  | **SECTION 1: PERSONAL DETAILS:** |
|  |  |  |
|  | **NAME:** |  |
|  |  |  |
|  | **ADDRESS:** |  |
|  |  |  |
|  | **POSTCODE:** |  |
|  |  |  |
|  | **DATE OF BIRTH:** |  |
|  |  |  |
|  | **HOME CLUB:** |  |
|  |  |  |
|  | **GAA MEMBERSHIP NUMBER:** |  |
|  |  |  |
|  | **EMAIL:** |  |
|  |  |  |
|  | **MOBILE/TELEPHONE:** |  |
|  |  |  |
|  | **SECTION 2: CLUB YOU WISH TO PLAY FOR:**  |
|  |  |  |
|  | **NAME OF CLUB YOU WANT TO PLAY FOR:** |  |
|  |  |  |  |  |  |
|  | **WHICH CODE/SPORT: (Please tick as appropriate)** | HURLING |  |  |  |
|  |  |
| FOOTBALL |  |
|  |  |  |
|  | **AGE GROUP(S)** |  |
|  |  |  |
|  | **I** |  | wish to play | FOOTBALL |  | HURLING |  |
|  |  |  |  |  |
|  | for |  | Club and to be registered with CCC on such a basis, while still |
|  |  |  |  |
|  | remaining as a Player and a member of my home Club |  |
|  |  |
|  |  |  |
|  | **SIGNED BY THE PLAYER:** |  |
|  |  |  |
|  | **DATE:** |  |
|  |  |  |
|  | **SIGNED BY THE SECRETARY OF THE HOME CLUB:** |  |
|  |  |  |
|  | **DATE:** |  |

Completed form should be forwarded to Down GAA County Secretary Seán Óg McAteer
via email: secretary.down@gaa.ie **or** post completed form to Down GAA County Office,
46-48 Main Street, Castlewellan, Co. Down BT31 9DP