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|  | **SECTION 1: PERSONAL DETAILS OF PLAYER LOOKING TRANSFER:** | | | | | | | | | | |
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|  | **APPLICANT CLUBS:** | | |  | | | | | | | |
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|  | **NAME OF PROPOSED TEAM:** | | |  | | | | | | | |
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|  | **COLOURS:** | | |  | | | | | | | |
|  |  | | |  | | | | | | | |
|  | **HOME VENUE:** | | |  | | | | | | | |
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|  | **DETAILS OF COMPETITION(S)  & AGE GROUP YOU PURPOSE TO ENTER:** | | |  | | | | | | | |
|  |  | | |  | | |  |  | | |
|  | **DESIGNATED OFFICERS:** | **CHAIRPERSON** | | | **NAME:** |  | | | | |
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|  | | | **MOBILE:** |  | | | | |
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|  | | | **EMAIL:** |  | | | | |
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| **SECRETARY** | | | **NAME:** |  | | | | |
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| **CHILDREN’S OFFICER** | | | **NAME:** |  | | | | |
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|  | | | **MOBILE:** |  | | | | |
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|  | **SIGNED BY EACH CLUB SECRETARY:** | |  | | | | | | **DATE:** |  | |
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|  | **SIGNED BY EACH CLUB SECRETARY:** | |  | | | | | | **DATE:** |  | |

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