

|  |  |  |
| --- | --- | --- |
| For Official Use Only | Total No | Amount Due |
| Membership  |  |  |
| Admin Fee |  |  |
| Total |  |  |

## Application for Season 2023-2024

**Form to be filled in Block Capitals**

|  |
| --- |
| Name of Tennis Club |

Please complete this section in full

|  |  |  |
| --- | --- | --- |
| **Contact Person** | Address | Mobile Home/Work |
| **Contact Email Address:** |

**Does your Club have a Current Public Liability Insurance policy Yes/No**

**Is Fingal County Council specifically indemnified on your policy Yes/No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurers** | **Policy Start Date** | **Expiry Date** | **Policy No** |
|  |  |  |  |

I hereby certify that I have read and accept the Conditions of Pitch Allocation and certify that the information contained within this application is true and I agree that any inaccuracies regarding the information or breach of the conditions may result in your school having its allocation for all its teams withdrawn for a period of up to one calendar year.

**Signature of School Official making application: (please note, all correspondence will be directed to this person)**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PositionHeld:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Block Capitals** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check List : 1. Completed Application Form □**

**2. Letting Fee □ 3. Insurance (with indemnity to Fingal County Council) □**

 **Tick as appropriate**

**Tá leagan Gaeilge den fhoirm seo ar fail**