

School Application for Playing Pitch

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

Season 2023-2024

# Form to be filled in Block Capitals

Name of School

## Please complete this section in full

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

Does your School 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** |
|  |    |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **No. of Teams** | **Code****\*see below** | **League** | **Playing Day** | **Playing Times am/pm** | **Season From Month** | **Season to Month** |
| u/8 |  |  |  |  |  |  |  |
| u/9 |  |  |  |  |  |  |  |
| u/10 |  |  |  |  |  |  |  |
| u/11 |  |  |  |  |  |  |  |
| u/12 |  |  |  |  |  |  |  |
| u/13 |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| u/14 |  |  |  |  |  |  |  |
| u/15 |  |  |  |  |  |  |  |
| u/16 |  |  |  |  |  |  |  |
| u/17 |  |  |  |  |  |  |  |
| u/18 |  |  |  |  |  |  |  |
| Total Teams |  |  |  |  |  |  |  |

**Codes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Soccer** | **Gaelic Football** | **Hurling** | **Camogie** | **Rugby** | **Cricket** | **Other** |
| **S** | **GF** | **H** | **CAM** | **R** | **CK** | **O** |

For Midweek Fixtures see General Conditions of Letting

|  |  |
| --- | --- |
| Pitch Accommodation last Season (state location) | 1. Fingal County Council

 |
|   |  |

CLUB COLOURS: HOME: AWAY:

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regarding the information or breach of the conditions may result in your school having its allocation for all its teams withdrawn for a period of up to one calendar year.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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held:

Block Capitals

Check List : 1. Completed Application Form Y/N

1. **Letting Fee (To follow in August when school office reopens) Y/N**
2. **Insurance (with indemnity to Fingal County Council) Y/N**

Tick as appropriate

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