

**Sceptre Sunday Football League**

**Club Application Form**

**Club Name:** .....  
**Date Formed:**.....

**Secretary Name:** .....  
**Address:** .....  
.....  
.....

**Post Code:** .....  
**Telephone Number:** .....  
**Mobile Number:** .....  
**E-Mail Address:** .....

**Chairman Name:** .....  
**Telephone Number:** .....  
**E-Mail Address:** .....

**1<sup>st</sup> Team Managers Name:** .....  
**Telephone Number:** .....  
**Mobile Number:** .....  
**E-Mail Address:** .....

**2<sup>nd</sup> Team Managers Name:** .....  
**Telephone Number:** .....  
**Mobile Number:** .....  
**E-Mail Address:** .....

**3<sup>rd</sup> Team Managers Name:** .....  
**Telephone Number:** .....  
**Mobile Number:** .....  
**E-Mail Address:** .....

**Affiliation Number:** .....  
**Ground Name:** .....  
**Dates when available:** .....  
**Club Colours:** .....  
**Approximate financial position of club £** .....  
**Entering Essex County Cup** YES.....OR NO.....

**Form Of Agreement**

We .....(Chairman).....(Secretary)  
.....(Manager) Of ..... F.C

**Do hereby agree for and on behalf of said Club to conform to the rules of the Sceptre Sunday Football League and abide by the decisions of the Management Committee (Subject to the right of appeal in accordance with League Rules).**

**Signed:** .....Chairman .....Secretary

**Date:** .....