Bol Chumann na hÉireann

Club Affiliation Form 20___

Please give full answers to all questions on this form and return it to you Regional Secretary

Club	Secretary
Address	
Telephone	

CLUB COMMITTEE

Officer Board	*Name*	*Address*	*Phone No.*
President			
Vice-President			
Chairperson			
Vice-Chairperson			
Secretary			
Treasurer(s)			
Safety Officer			
Public Relations			
Registrar			
Fixtures Sec.			
Youth Officer			

FINANCIAL STATEMENT

Current Assets: €	Bank
Account Holder	

Please attach a full statement of the club's income and expenditure for the past year, signed by the Treasurer(s) as presented at your Annual General Meeting.

ANNUAL GENERAL MEETING

Date	
Where & when advertised	Venue
Regional Officer Present	

CURRENT TOURNAMENTS

Title	
Grade	Prize Fund: €
No. of Entries	Round(s) being played
Date Started	Approx. Date for Final

List of Players still in this tournament (Attach additional list if necessary)

CURRENT TOURNAMENTS

Title	
Grade	Prize Fund: €
No. of Entries	Round(s) being played
Date Started	Approx. Date for Final

List of Players still in this tournament (Attach additional list if necessary)

Signed: Club Sec.: _____ Regional Sec.: _____ Date: _____

	Affiliation Fee €	Receipt No.: