



CUMBERNAULD & KILSYTH FOOTBALL DEVELOPMENT ASSOCIATION
CLUB APPLICATION FORM



Club Name:		Club ID:		Age Group:	
Secretary's Name:					
Address 1:					
Address 2:					
Address 3:			Postcode:		
Telephone (h)		Telephone (m)		Telephone (w)	
e-mail address:					
SYFA Disclosure Number:			First Aid Certificate : Yes/No		
Coaching Qualifications:					
Children's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>		Other: Please State			
Youth's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>					
Signature:			Date:		
Player Protection Officer Name:					
Address 1:					
Address 2:					
Address 3:			Postcode:		
Telephone (h)		Telephone (m)		Telephone (w)	
e-mail address:					
SYFA Disclosure Number:			First Aid Certificate : Yes/No		
Coaching Qualifications:					
Children's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>		Other: Please State			
Youth's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>					
Signature:			Date:		
Treasurer's Name:					
Address 1:					
Address 2:					
Address 3:			Postcode:		
Telephone (h)		Telephone (m)		Telephone (w)	
e-mail address:					
SYFA Disclosure Number:			First Aid Certificate : Yes/No		
Coaching Qualifications:					
Children's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>		Other: Please State			
Youth's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>					
Signature:			Date:		

Other Officials

Position:					
Name:					
Address 1:					
Address 2:					
Address 3:			Postcode:		
Telephone (h)		Telephone (m)		Telephone (w)	
e-mail address:					
SYFA Disclosure Number:			First Aid Certificate : Yes/No		
Coaching Qualifications:					
Children's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>		Other: Please State			
Youth's Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>	
Level 4 <input type="checkbox"/>					
Signature:			Date:		

Position:		
Name:		
Address 1:		
Address 2:		
Address 3:		Postcode:
Telephone (h)	Telephone (m)	Telephone (w)
e-mail address:		
SYFA Disclosure Number:		First Aid Certificate : Yes/No
Coaching Qualifications:		
Children's Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Other: Please State		
Youth's Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/>		
Signature:		Date:

Position:		
Name:		
Address 1:		
Address 2:		
Address 3:		Postcode:
Telephone (h)	Telephone (m)	Telephone (w)
e-mail address:		
SYFA Disclosure Number:		First Aid Certificate : Yes/No
Coaching Qualifications:		
Children's Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Other: Please State		
Youth's Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/>		
Signature:		Date:

Home Park:	
Team Colours 1:	Team Colours 2:
Will you be entering your team in the Scottish Cup: Yes/No	
Will you be entering your team in the Regional Cup: Yes/No	
Team contact details (must be a registered official)	
Team Contact 1.	
Team Contact 2.	
Main email address (mandatory) :	

Officials listed should be as detailed in the teams SYFA application.

Please list all other officials on a separate page.

A complete set of photocopies of your coaching qualifications for at least one official listed above, complete with a valid first aid certificate requires to be submitted with this application. One form must be completed for each team.

Completed forms should be sent to:

Thomas Meechan, League Secretary, CKFDA, c/o 9 Woodlands Way, Kildrum, Cumbernauld, G67 2BE