



**THE
Herald**

LEINSTER FOOTBALL ASSOCIATION

**FAI HQ. NATIONAL SPORTS CAMPUS
ABBOTSTOWN, DUBLIN 15**

O'NEILLS®

(THIS FORM MUST BE COMPLETED IN BLOCK LETTERS)

ENTRY FORM FOR LEINSTER JUNIOR SHIELD

FAILURE TO FULFIL A FIXTURE IN THIS COMPETITION MAY RESULT IN A FINE UP TO €200 AND POSSIBLE EXCLUSION FROM NEXT SEASONS COMPETITION.

Must be returned on or before 1st September with entry fee €25.00

(USE BLOCK CAPITALS PLEASE)

NAME OF CLUB		SAT/SUN – LEAGUE – DIVISION
HON. SECRETARY'S NAME		TELEPHONE NUMBER
Hon. Secretary's Address (in full) _____ _____ _____ e-mail: _____		
COLOURS	Usual Kick Off Time	GROUND

Public Liability Insurance No. _____ Name of Company _____

Expiry Date _____ Declaration _____

THIS PORTION MUST ALSO BE COMPLETED

Received the sum of Entry Fee for Leinster Junior Shield from the
..... Football Club.

Signed

P.P Leinster Football Association

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(THIS RECEIPT MUST BE RETAINED AND PRODUCED WHEN NECESSARY)