



Cumann Lúthchleas Gael Naomh Oilibhéir Pluincéid Eoghan Ruadh

Glenariff Road, Navan Road, Dublin 7.

Phone: 01 8389316 Email: info@plunketts.ie Website: www.plunketts.ie

YOUTH MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCK CAPITALS)

NAME:

AINM AS GAELIGE:

ADDRESS:

GENDER: MALE FEMALE

DATE OF BIRTH: DAY MONTH YEAR (E.G. 06 02 65)

HOME TELEPHONE NO:

I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

SIGNED: DATE:

We/I consent to the above Application and to undertakings given by the Applicant.

1ST PARENT/GUARDIAN

2ND PARENT/GUARDIAN

PRINT NAME: _____

PRINT NAME: _____

SIGNATURE: _____

SIGNATURE: _____

MOBILE PHONE No: _____

MOBILE PHONE No: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT NAME AND TELEPHONE NUMBER IN THE EVENT OF AN EMERGENCY:

ANY MEDICAL CONDITIONS: