

COISTE CHONTAE CHILL DARA



KILDARE GAA

PART 1

INDEPENDENT TEAM FORM 2023

Please Return Forms as follows:
ccc.kildare@gaa.ie

INDEPENDENT TEAM NAME

INDEPENDENT TEAM ChairpersonPhone No:

OFFICIAL EMAIL ADDRESS.....

(All correspondence including fixtures will be sent to this email **only**)

INDEPENDENT TEAM SecretaryPhone No:

INDEPENDENT TEAM Children's Officer Phone No:

HOME VENUE OF INDEPENDENT TEAM

MATCH DAY COLOURS.....

CLUB 1..... **CLUB 2:**.....

CHAIRPERSON **CHAIRPERSON**.....

SECRETARY..... **SECRETARY**.....

CLUB 3..... **CLUB 4**.....

CHAIRPERSON..... **CHAIRPERSON**.....

SECRETARY..... **SECRETARY**.....

CLUB 5..... **CLUB 6**.....

CHAIRPERSON..... **CHAIRPERSON**.....

SECRETARY..... **SECRETARY**.....

THE AGE GROUPS COVERED in Request INDEPENDENT TEAM (U12 to U23)

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1 Sinithe _____ Rúnaí. Date: _____

2 Sinithe _____ Rúnaí. Date: _____

3 Sinithe _____ Rúnaí. Date: _____

4 Sinithe _____ Rúnaí. Date: _____

5 Sinithe _____ Rúnaí. Date: _____

6 Sinithe _____ Rúnaí. Date: _____

(THIS FORM must be signed by ALL Club Secretaries or Chairpersons involved)

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