



Cumann Lúthcleas Gael



Foirm Ballraíochta Clann – Family Application Form

Club Iománaíochta Bearna/Na Forbacha

Ainm / Name Adult 1: _____ Dáta Breithe*: ___ / ___ / ___

Ainm / Name Adult 2: _____ Dáta Breithe*: ___ / ___ / ___

**Date of Birth of Adults only required for playing members.*

Ainm / Name Child 1 : _____ Dáta Breithe: ___ / ___ / ___

Ainm / Name Child 2 : _____ Dáta Breithe: ___ / ___ / ___

Ainm / Name Child 3 : _____ Dáta Breithe: ___ / ___ / ___

Ainm / Name Child 4 : _____ Dáta Breithe: ___ / ___ / ___

Ainm / Name Child 5 : _____ Dáta Breithe: ___ / ___ / ___

Ainm / Name Child 6 : _____ Dáta Breithe: ___ / ___ / ___

Seoladh/Address: _____

Contact Details

Mobile Phone: _____ E-mail: _____

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Tá mé ag déanamh iarratas ar **Club Iománaíochta Bearna/Na Forbacha** le bheidh mar bhall agus fresin ar **Cumann Luthleas Gael** le haghaidh ballraíocht. **Táim sásta claonadh le rialacha an chlub agus rialacha Cumann Lúthchleas Gael.**
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I hereby apply to **Club Iománaíochta Bearna/Na Forbacha** for Membership and Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association). I subscribe to, and undertake to further the aims and objectives of the Club and of Cumann Luthchleas 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.

Parent/Guardian, on behalf of the above named:-

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

Sínithe/Signed _____ (Parent/Guardian) Dáta/Date _____

Print Name _____

Family Membership - €150

Received By: _____

