



AFFILIATED CLUB APPLICATION FORM

CLUB INFORMATION

CLUB NAME	
PRESIDENT NAME	
SECRETARY NAME	
TREASURER NAME	
CLUB REPRESENTATIVE	
CONTACT PERSON	
EMAIL ADDRESS	
TELEPHONE NUMBER	

LIABILITY INSURANCE

Do you have Club Liability Insurance?	Yes	No
If Yes, please provide details of Insurer		
If No, please confirm all club members have personal liability insurance		

AGREEMENT

Please acknowledge that you have read and agree to the following documents:			
Affiliated Club Terms and Conditions		Affiliated Club Code of Conduct	

CLUB MEMBERS

Please confirm the number of individuals there are in your current membership	
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After the 1st of September 2019, a complete list of members will need to be provided to the BSSF once the individuals have confirmed they allow for their information to be shared with the BSSF and Sports England.

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Signature	Print Name & Role	Date

Please send this completed form to vpfordevelopment@thebssf.org.uk
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