

CUMANN LUTHCHLEAS GAEL
London Youth Committee
Registration Form



Players Name:	
Date of Birth:	
Address:	
Club:	Tir Chonaill Gaels
School:	
Croke Park Registration Number:	
Players Signature:	
Signature of Parent/Guardian:	
Signature of Registrar:	
Date:	

Note: PLEASE RETURN COMPLETED ALONG WITH TWO IDENTICAL PASSPORT SIZE PHOTOGRAPHS AND YOUR ORIGINAL BIRTH CERTIFICATE