**WEST ESSEX SUNDAY CHARITY CUP COMPETITION**

founded 2008 affiliated to the Essex County Football Association

**Application Form SEASON:** 2019/20

To the Secretary,

The undermentioned Football Club wish to apply to compete in the West Essex Sunday Charity Cup Competition for the coming season. I have submitted the necessary information below and desire that this application be dealt with at the Annual General Meeting. I agree with the competition’s Privacy Notice which is published on the website:  
(<http://www.wescc.co.uk/index.php?page=privacy-notice>)

**(Signed)** Type Name Here

|  |  |  |
| --- | --- | --- |
| **Club Details** | | |
| **Name of Club:** | Click or tap here to enter text. | **F.C.** |
| **County Association(s) & Affiliation Numbers:** | Click or tap here to enter text. | |
| **League/Division entered this season:** | Click or tap here to enter text. | |
| **Secretary Details** | | |
| **Secretary Name:** | Click or tap here to enter text. | |
| **Address:** | Click or tap here to enter text. | |
| **Telephone Numbers:** | **(H)** Click or tap here to enter text. | |
| **(M)** Click or tap here to enter text. | |
| **E-mail Address:** | Click or tap here to enter text. | |
| **Ground & Colours** | | |
| **Ground Name & Address:** | Click or tap here to enter text. | |
| **Colours:** | Click or tap here to enter text. | |

Please complete and return to the Hon. Secretary before the AGM:

**Mr O.Gokdemir –** [**onur@wescc.co.uk**](mailto:onur@wescc.co.uk)

Entrance fee of £35 per team can be made online directly to the competition’s charity account. Put your club’s name as a reference. Non-payment by the AGM means your club won’t be included in the cup draw.

West Essex Sunday Charity Cup

Account No: 71494732

Sort Code: 40-09-07