



SUFFOLK FA

Enhancing the National Game, locally



FORM D: Application for Sanction of Competition

Name of Competition: _____

I certify that the Clubs named on this Form D are affiliated for the ensuing Season to their respective County Associations and I apply for sanction of the Competition.

Signed: _____ (Competition Secretary) Date: _____

This Form, accompanied by the Competition's Rules, must be sent to Martin Head at Suffolk FA HQ.

Name of Club (In Alphabetical Order)	Name & Address of Club Secretary	County	Club Affiliation Number

