

LEICESTER CITY & COUNTY GIRLS FOOTBALL LEAGUE



PHOTOGRAPH PASS APPLICATION

Age Group:

Club and Managers Name A:

Club and Managers Name B:

Applicants Name:

Address:

Postcode:

Applicants Signature:

Manager A Agreement Signature:

Manager B Agreement Signature:

League Official Print and Signature:

To be retained at all times by the person taking photographs.

Age Group:

Applicants Name:

League Official Signature:

League Official Print Name:

