WIGTOWNSHIRE SPORTS COUNCIL AFFILIATION FORM - 1st January - 31st December 2024



Please complete where applicable in BLOCK CAPITALS

Name of Club / Individu	al:								
Type of Sport:	•								
Contact Person:				Position:					
Address:									
						Post C	Code:		
E-mail address:									
Telephone No:	elephone No:			Mobile No:					
UNDER-NOTED FOR COMPLETION BY CLUBS ONLY:									
Adults – Male				Adults – Female					
Juniors – Male	•			Juniors -	Fema	ale			
Where and when does your Club meet?				I					
Are you / Is your Club affiliated to your National Sports Governing Body? YES / NO									
In which league (if approdoes your Club compete	do you /								
Name of Club coach (if									
Address:									
Telephone No:									
Coaching qualification held:									
AFFILIATION FEES (per year) Club: £25 Adult (17 years and over): £20 Junior (16 years and under): £15									
I enclose a cheque for £	eque for £			made payable to Wigtownshire Sports Council.					
I agree to abide by the Constitution of Wigtownshire Sports Council and any rules which may from time to time be made by Wigtownshire Sports Council and by any amendments thereto.									
Signed:									
Name (block capitals):									
Date:									
Forms should be accom	nanied k	ov affiliation	fee	and retur	ned to)			

Ms Jane McDowall, Secretary, Culroy Cottage, Glenluce, Newton Stewart, DG8 0LE

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Web: wigtownshiresportscouncil.co.uk

Wigtownshire Sports Council