

# LEINSTER FOOTBALL LEAGUE

NATIONAL SPORTS CAMPUS, ABBOTTSTOWN, DUBLIN 15.

## APPLICATION FORM FOR REGRADING

*This form must be sent through the Post and must not be enclosed in an envelope*

League ..... Club.....

Hon. Secretary .....

Address: .....

Player's Full Name: .....

Player's Full Address: .....

Names of Clubs previously played for: .....

Leagues Played in: .....

Date and Year .....

No. of Matches Played .....

No. of Medals Won (if any) .....

Name of Club Last Played for: .....

Name of Club League Played for: .....

Date and Year Medals won: .....

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### FOR COMMITTEE USE ONLY

Granted ..... Refused .....

Proposed by: ..... Seconded by: .....

Date: ..... Signature of Chairman .....