APPLICATION FORM

For Official Use Only		
Project number:	Date of receipt:	
Please fill in all relevant sections of this a requested in the Project Guidance.	oplication. It is compulsory to annex ALL documents	
Project Identification and Summary		
Name of Stadium		
Please indicate the name of your club.		
Name of Project		
Please give a short title to the project.		
Type of Activity		
Please tick the box corresponding to application.	the project for which you are submitting this	
Safety equipment (e.g. defibrillators, cusl	nioning)	
Pitch Improvement Works		
Football Goal Posts, Nets & Pitch Equipn	nent	
Replacement of Floodlights Lamps		
Grounds Maintenance/Health & Safety E	quipment	
Fencing		

Project Description		
Please provide a clear and detailed written description of the entire scope of work.		
Project Site Address		
Please enter the full address		
Project Primary Contact		
Please fill in all contact details		
Contact Name & Surname:		
_		
Contact Position within Club:		
Contact Mobile No.:		
Contact Email:		-

Declaration

Declaration to be filled in and signed by <u>both the President and the Secretary</u> of the Club

Please complete and return this completed Application Form to the Malta Football Association.

If there are any changes in the information provided in this Application Form, it is the Applicant's responsibility to inform the Association immediately.

The Association reserves the right to request additional information.

The Association reserves the right to reject any application.

We confirm that the information given in this Application Form is true, complete and accurate.

Name:	Name:
Position: CLUB PRESIDENT	Position: CLUB SECRETARY
Signature:	Signature:
Date:	Date: