APPLICATION FORM

For Official Use Only		
Project number:	Date of receipt:	
Please fill in all relevant sections of this or requested in the Project Guidance.	application. It is compulsory to annex ALL document	
Project Identification and Summary		
Name Club		
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, cus	shioning)	
Pitch Improvement Works		
Football Goal Posts, Nets & Pitch Equip	ment	
Replacement of Floodlights Lamps		
Grounds Maintenance/Health & Safety	Equipment	
Fencing		
Ancillary Facilities (Renovation of Dressi	ng Rooms)	

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 Mobile No		
Contact Email:		

Declaration

Date:

Declaration to be filled in and signed by both the President and the Secretary of the Club		
Please complete and return this complete Association.	ted Application Form to the Malta Football	
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: