



## **APPLICATION FORM**

For Official Use Only		
Project number:	Date of receipt:	
	<u> </u>	
Please fill in all relevant section requested in the Project Guidanc	ns of this application. It is compuls e.	sory to annex ALL document
Project Identification and Sumn	nary	
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 correspapplication.	onding to the project for which	you are submitting this
Safety equipment (e.g. defibril	lators, cushioning)	
Pitch Improvement Works		
Football Goal Posts, Nets & Pite	ch Equipment	
Replacement of Floodlights La	mps	
Grounds Maintenance/Health &	& Safety Equipment	
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 Position within Club:	_
Contact Mobile No.:	
	_
Contact Email:	
	-





## Declaration

Declaration to be filled in and signed by both the President and the Secretary 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: