



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 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: