





*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: