



LEAGUE OPERATOR REQUEST FORM



LEAGUE NAME

LOCATION

(CITY, DISTRICT, STATE)

ORGANISATION

(OPERATED BY)

CONTACT PERSON

(NAME + DESIGNATION)

PHYSICAL ADDRESS

PHONE

EMAIL

TENTATIVE LEAGUE DURATION: (DD/MM/YYYY)

FROM

TO

LEAGUE MODEL: PLEASE TICK

 DA1 DA3 SA2.1 SA2.3 SA3.2 DA2 SA1 SA2.2 SA3.1 SA3.3

NO OF TEAMS

NOTE: EACH TEAM MUST COMPRISE OF SQUADS AS PER THE LEAGUE MODEL

NO OF LEGS:

 1 2 3 4

PRE-LEAGUE PHASE WILL BE ORGANISED:

 YES NO

We submit this request with complete understanding of the:

- Baby Leagues: Rules and Regulations
- League Operators Guidelines

We seek the approval and support of our regional FA in strengthening and promoting the game through our Baby League that will be operated within the framework of the Baby League documents.

SIGNATURE + COMPANY SEAL (IF AVAILABLE)

DATE OF SUBMISSION:

- ORIGINAL (COMPLETED REQUEST FORM) TO BE RETAINED BY LEAGUE OPERATOR.
- PHOTOCOPY/SCANNED COPY TO BE SECURED BY REGIONAL FA

FOR OFFICIAL USE ONLY:

We hereby declare that we have received and reviewed the request for the Baby League and have no objection.

SEAL/STAMP OF STATE/DISTRICT FA
ACCOMPANIED BY SIGNATURE OF OFFICE BEARER

NAME:

DESIGNATION:

STATE/DISTRICT FA:

DISTRICT:

DATE:

TO BE PROCESSED WITH 5 WORKING DAYS OF SUBMISSION