

# Club Affiliation Form 2010

Please print in Black Ink - All details must be completed and full payment included, or paperwork will be returned.  
FEE: £30.00

Club Name:		British Gymnastics Club No:	
Training Venues(s) Name:			
Training Venue Address:		Training Venue Telephone No:	
		Training venue Email:	
Postcode:			
Training Venue Address (if more than one venue used):		Training Venue Telephone No:	
		Training venue Email:	
Postcode:			
Club Secretary Name:			
Club Secretary Address:		Club Secretary Telephone No:	
		Club Secretary Mobile No:	
Postcode:		Club Secretary Email Address:	
Club Welfare Officer Name:			
Club Welfare Officer Address:		Club Welfare Officer Telephone No:	
		Club Welfare Officer Mobile No:	
Postcode:		Club Welfare Officer Email Address:	
Details of Club Welfare Officer Training Attended			
Course Name (including provider e.g. Sport NI):			
Course Venue:			
Course Date:			
Copy of Training Certificate enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Details for Club Enquiries			
Telephone No.		Mobile No.	Email.
Club Website Address (full url)			
Add Contact Details to GNI Club Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your Coaches			
Please indicate the names and level of coaches your club has (if qualified in more than one discipline please list):			
<b>Name</b>	<b>Discipline</b>	<b>Level</b>	<b>BG Membership No.</b>


**Judges – No. of judges qualified in your club in the following disciplines:**

<b>Club</b>	MAG	WAG	TRA	RG	Acro	General	Pre-Sch	GMPD
<b>Regional</b>	MAG	WAG	TRA	RG	Acro	General	Pre-Sch	GMPD
<b>National</b>	MAG	WAG	TRA	RG	Acro	General	Pre-Sch	GMPD

**Club Times**

Day	Times	Age Group	Discipline
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Declaration**

I hereby agree to abide by the GNI Constitution, Rules of Gymnastics Northern Ireland and Policies and Procedures, ensuring all club members have current membership with British Gymnastics.

Name of authorised club official: \_\_\_\_\_

Date: \_\_\_\_\_

Official Position within club: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return completed forms, proof of Welfare Officer Training and payment (made payable to Gymnastics Northern Ireland) to 2<sup>nd</sup> Floor, 31A High Street, Carrickfergus, Co. Antrim, BT38 7AN**

*Office Use Only:*

Date Received:

Proof of Welfare Officer Training:

Payment:

2010 Club Pack distributed date: