



OFFICIAL EUROPEAN AUTHORISATION FORM

Official Authorisation Form for players from Ireland to play under the jurisdiction of the European GAA County Board.

NAME: _____ D.O.B.: _____ / _____ / _____
MEMBERSHIP NUMBER: _____
ADDRESS: _____ PASSPORT NUMBER: _____

(Previous No. if applicable)
CONTACT NO. (Day): _____
CLUB: _____ COUNTY: _____

PLAYER'S STATUS:

Football: Junior Intermediate Senior
Hurling: Junior Intermediate Senior

I hereby declare that I intend to play for _____ Club (s) in _____ City,
_____ Country on weekend commencing Friday _____ / _____ / _____

I agree to all terms listed and acknowledge that if my details are incomplete, I am unable to play until this form has been received and acknowledged in Croke Park.

PLAYER'S SIGNATURE: _____

PLAYER'S SIGNATURE (as on passport): _____

TERMS

- 1) On his return to Ireland he will, automatically, be entitled to resume playing for his Home Club
- 2) This Authorisation is valid for one weekend only
- 3) This form must be lodged in Croke Park no later than 4pm on the Wednesday before the date of the game

SIGNED BY CLUB SECRETARY (Ireland): _____

SIGNED BY COUNTY SECRETARY (Ireland): _____

SIGNED BY DIRECTOR-GENERAL: _____

(Or other designated person)

No correspondence between Clubs and Croke Park will be entered into. Refer all queries to your County Secretary.

The original application form is to be retained in Croke Park.

Please note that the European County Board has a derogation on using the English language only for this application form.