



Cumann Iomanaíochta agus Peile Baile an Chollaigh



Chairman: Seamus O'Callaghan 086- 2577222

Registrar: Tim Greene 086- 8601447

Playing Members Application Form 2014

Name _____

Address _____

Date of Birth _____

**Mobile Tel No.

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**Email address

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** These details are required by Ballincollig GAA Club and will not be shared with any 3rd Party.

(In the future the club would like to contact you with regards to upcoming fixtures, club events, Club Lotto etc, please provide your email address to be kept up to date on all club activities)

Players Signature _____

Date _____

www.ballincolligaa.ie

