**Nottinghamshire Clubs for Young People**

 **Leengate**

 **Lenton**

 **Nottingham**

 **NG7 2LX** **Tel: 0115****9 705405**

 **www.nottscyp.org.uk**

**AFFILIATION TO NOTTINGHAMSHIRE CLUBS FOR YOUNG PEOPLE 2021/2022**

|  |  |
| --- | --- |
| **Club Name:**  |  |
| **Name of Leader:**  |  |
| **Correspondence address including postcode:** |  |
| **Contact number:** |  |
| **Email address:**  |  |
| **2nd email address:**  |  |

|  |
| --- |
| **Club Opening (please provide times)**  |
| **DAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Opening times** |  |  |  |  |  |  |  |

|  |
| --- |
| **Membership (please provide numbers)**  |
| **10-13 years** | **14-19 years** | **20-25 years** |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
|  |  |  |  |  |  |

|  |
| --- |
| **Staffing (please provide numbers)**  |
| **Volunteers** | **Paid staff** |
|  |  |

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| --- |
| **Type of provision (please tick)** |
| **Youth Club** | **Football Club** | **Boxing Club** | **Other Sports Club** | **Other Club (please specify)** |
|  |  |  |  |  |

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| --- |
| **Insurance** |
|  | **Yes** | **No** |
| **Does your club have Public Liability Insurance?** |  |  |
| **If YES, please provide information:**  |
| **Name of Insurer** |  |
| **Amount of Public Liability cover** |  |

Affiliated clubs can access Insurance through Nottinghamshire Clubs for Young People Ltd, please ask for more information.

|  |
| --- |
| **Club Declaration** |
| **Signature** |  |
| **Print Name** |  |
| **Date** |  |

Please forward a cheque made payable to ‘*Nottinghamshire Clubs for Young People Ltd*.’ for

£45.00 to

**Nottinghamshire Clubs for Young People Ltd**

**Leengate**

**Lenton**

**Nottingham**

**NG7 2LX**

**Or we have Paypal on our website available**

|  |  |
| --- | --- |
| **Received by (initials)**  | **Date** |
|  |  |