



CHARTER
STANDARD LEAGUES



CLUB APPLICATION FORM



Adrenalin Devon Junior & Minor League Season 2025 - 2026

Proposed Name of New Club

Number of teams wanting to enter

**WHICH COUNTY IS YOUR
CLUB BASED IN**

DEVON / CORNWALL

**Age range of teams to enter
(please circle) M = mixed G = girls**

U7M | U8M | U9M | U10M | U11M | U12M | U13M | U14M | U15M
| U16M | U18M | U9G | U11G | U13G | U15G | U17G

**If more than one team in an age
range please state**

**Were any of the teams listed above part
of another Club in Season 2024 – 2025**

YES / NO

**If YES please state which team
and division they played in**

**Is the Club they played for aware of the
decision to set up a new team**

YES / NO

**Where are you going to get the
players from for your team?**

**Have your team(s) got use of a private
pitch**

YES / NO

**If YES which private pitch are
you using**

**If NO do you require the League to
provide a council pitch**

YES / NO

**If YES and your team is based in
Plymouth which geographical
area is your team from**

(please note the League can
not guarantee a pitch close
to this but will try)

**Does your team(s) already have a
sponsor, if YES please name**

SECRETARY OF THE CLUB DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

PHONE NUMBER

POSTCODE

CHAIRMAN OF THE CLUB DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

PHONE NUMBER

POSTCODE

TREASURER OF THE CLUB DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

PHONE NUMBER

POSTCODE

WELFARE OFFICER OF THE CLUB DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

PHONE NUMBER

POSTCODE

MANAGER OF THE TEAM DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

PHONE NUMBER

POSTCODE

AGE RANGE OF TEAM

If more than one team is being entered please provide details of other Managers

MANAGER OF THE TEAM DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

POSTCODE

PHONE NUMBER

AGE RANGE OF TEAM

MANAGER OF THE TEAM DETAILS

FULL NAME

FULL ADDRESS

EMAIL ADDRESS

POSTCODE

PHONE NUMBER

AGE RANGE OF TEAM

If you have more than three teams wanting to enter please provide information in the above format for the managers of the teams and attach to this form.

TEAM COLOURS IF KNOWN

Please note this form when completed does not guarantee entry into the League. When the form is received it will lead to your Club being invited to a vetting meeting to go through the requirements of the League and for your Club to ask questions. The Executive Committee will then put all teams that have successfully passed the vetting process to the Annual General Meeting in June 2025 for approval and subject to agreement your Club will be entered into the League.

We will hold the above data for the purposes of your application only and if unsuccessful all information will be deleted and removed from League Storage Systems.

PLEASE RETURN COMPLETED FORMS TO THE FOLLOWING EMAIL OR ADDRESS

General Secretary Mark Rowles
8 Limetree Road, Peverell, Plymouth, PL3 5UB
mark.rowlesdjm@gmail.com

Your application form will be acknowledged on receipt