



AFRICAN CUP OF MANITOBA

2011 APPLICATION FOR MEMBER AFFILIATION

www.africancup.ca

(Please Print Clearly)

This application and payment of \$700.00 is to be submitted to the African Cup of Manitoba on or before 5:00p.m. on Tuesday, June 28, 2011

Country Name:	Team Name:
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Unavailable Playing Dates: Maximum of One Date Permitted

1. Date:	Reasons:
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If necessary, include an accompanying letter with any additional information.

Team Contact Information	Team Manager	Coach 1	Coach 2
Names of Team Representative			
Email Address			
Mailing Address (City & Postal Code)			
Home Phone & Cell Phone Numbers			

We, the TEAM MANAGERS for the _____
hereby apply for affiliation of membership in African Cup of Manitoba. If approved for affiliation, we understand and agree to abide the constitution, By-Laws Rules and Regulations and Policies of the FIFA, Canadian Soccer Association and African Cup of Manitoba

Team Manager Signature: _____

Date: _____

Coach 1 Signature: _____

Date: _____

Coach 2 Signature: _____

Date: _____