

From the Mini and Junior Competitions Organiser
Allen Bower 10, Ridgecroft, Ashton-Under-lyne. OL7 9TG
Email (including)
juniorrugbychallenge@lancashirerugby.co.uk

Junior Rugby Challenge

Coach/Manager Details Form 2019-2020 Season

E-Mail (as a PDF) to: juniorrugbychallenge@lancashirerugby.co.uk

Name of Club	
Playing Colours Club Mini/Junior Fixture Secretary:	
Name	
Address (inc Postcode)	
Email	Phone
DBS Certificate No	Date Issued
Club Safeguarding Officer:	
Name	
Address (inc Postcode)	
Email	Phone
DBS Certificate No	Date Issued
Last Safeguarding Officer's Course Attende	ed .



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Under 14s Coach 1 * (please indicate if a squad is being entered at this age)

Name						
Address (inc						
Postcode)						
Email	Phone					
DBS Certificate No	Date Issued					
Under 14s Coach 2 * (please indicate if a squad is being entered at this age)						
Name						
Address (inc Postcode)						
Email	Phone					
DBS Certificate No	Date Issued					
Under 14s Manager* (please indicate if a squad is being entered at this age)						
Name						
Address (inc Postcode)						
Email	Phone					
DBS Certificate No	Date Issued					



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Under 15s Coach 1 * (please indicate if a squad is being entered at this age)

Name	_				
Address (inc					
Postcode)					
Email		Phone			
DBS Certificate No		Date Issued			
Under 15s Coach 2 * (please indicate if a squad is being entered at this age)					
Name					
Address (inc Postcode)					
Email		Phone			
DBS Certificate No		Date Issued			
Under 15s Manager* (please indicate if a squad is being entered at this age)					
Name					
Address (inc Postcode)					
Email		Phone			
DBS Certificate No		Date Issued			



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Under 16s Coach 1 * (please indicate if a squad is being entered at this age)

Onder 103 Odden 1	(picase maicate ii a squa	d is being enti	crea at this age,			
Name						
Address (inc Postcode)						
Email		Phone				
DBS Certificate No		Date Issued				
Under 16s Coach 2 * (please indicate if a squad is being entered at this age)						
Name						
Address (inc Postcode)						
Email		Phone				
DBS Certificate No		Date Issued				
Under 16s Manager* (please indicate if a squad is being entered at this age)						
Name						
Address (inc Postcode)						
Email		Phone				
DBS Certificate No		Date Issued				
For a club with more than two coaches or one manager/administrator supervising players at a particular age group, please copy the relevant sheet and supply the information separately. Each Team MUST supply the FULL DETAILS - including emails - for at least one						
Coach <u>AND</u> a Manager.						
Signed on behalf of	Club	P	PRINT			