**COMHAIRLE ULADH CLG**

OFFICIAL PLAYER REGISTRATION FORM

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| **COMPANY NAME** |  |
| **COMPETITION / COMÓRTAS** |  |
|  |  |
| **DATE/DÁTA** |  |

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|  | **NAME** | **CLUB & COUNTY** | **EMPLOYEE ID** |
|  | **(FIRST & SURNAME)** | **(IF APPLICABLE)** | **(IF APPLICABLE)** |
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**DECLARATION**

I can confirm that the above names are contracted employees of the company, and are not a sub-contractor or a one day representative. Only players named above, who are full-time employees of the company, are eligible for cover via the GAA’s Injury Benefit Fund.

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|  | **COMPANY MANAGER/DIRECTOR** |
| **SIGNATURE/SÍNIÚ** |  |
| **DATE/DÁTA** |  |