



Irish Tug of War Association

Cumann Tarraingt Téide na hÉireann



FORM 1. Associate Club Membership Affiliation 2018

Name of Club: _____ County _____
Correspondence _____ Team _____
Address: (post _____ Colors: _____
& website) _____

Phone No: _____
E-mail Address: _____
Name of Coach: _____ Phone no: _____

Name and Address Of Training _____
Ground: _____

Chairman	Treasurer	Secretary
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____

Please send completed form & fee to Mr Anthony Pender, Springhill, Killeshin, Co. Carlow

I wish to apply for Associate Club Membership of the Irish Tug of War Association.
I agree to comply with the rules and doping policy as laid down by the I.T.O.W.A.
I enclose an affiliation fee of €250 for the year of 2018.

Doping policy can be found at: <http://itowa.files.wordpress.com/2012/08/anti-doping-document.pdf>

Signed: _____ Position: _____ Date: _____

Affiliated to



FORM 2. Register of Pullers 2018 - (Male Members)

Including Youths & U23's

Name of Club: _____ Coach: _____

Please ensure that all members are included and signed on this sheet for eligibility.

		Please print details in Block Capitals	Signature
1	Name:		X
	Address:		
	Tel No:		
	Email:		
2	Name:		X
	Address:		
	Tel No:		
	Email:		
3	Name:		X
	Address:		
	Tel No:		
	Email:		
4	Name:		X
	Address:		
	Tel No:		
	Email:		
5	Name:		X
	Address:		
	Tel No:		
	Email:		
6	Name:		X
	Address:		
	Tel No:		
	Email:		
7	Name:		X
	Address:		
	Tel No:		
	Email:		
8	Name:		X
	Address:		
	Tel No:		
	Email:		
9	Name:		X
	Address:		
	Tel No:		
	Email:		
10	Name:		X
	Address:		
	Tel No:		
	Email:		

Signed: _____ Position: _____ Date : _____

FORM 2. Register of Pullers 2018 - (Male Members)

Including Youths & U23's

Name of Club: _____ Coach: _____

Please ensure that all members are included and signed on this sheet for eligibility.

		Please print details in Block Capitals	Signature
1	Name:		X
	Address:		
	Tel No:		
	Email:		
2	Name:		X
	Address:		
	Tel No:		
	Email:		
3	Name:		X
	Address:		
	Tel No:		
	Email:		
4	Name:		X
	Address:		
	Tel No:		
	Email:		
5	Name:		X
	Address:		
	Tel No:		
	Email:		
6	Name:		X
	Address:		
	Tel No:		
	Email:		
7	Name:		X
	Address:		
	Tel No:		
	Email:		
8	Name:		X
	Address:		
	Tel No:		
	Email:		
9	Name:		X
	Address:		
	Tel No:		
	Email:		
10	Name:		X
	Address:		
	Tel No:		
	Email:		

Signed: _____ Position: _____ Date : _____

FORM 3. Register of Pullers 2018 - (Female Members)

Including Youths & U23's

Name of Club: _____ Coach: _____

Please ensure that all members are included and signed on this sheet for eligibility.

		Please print details in Block Capitals	Signature
1	Name:		X
	Address:		
	Tel No:		
	Email:		
2	Name:		X
	Address:		
	Tel No:		
	Email:		
3	Name:		X
	Address:		
	Tel No:		
	Email:		
4	Name:		X
	Address:		
	Tel No:		
	Email:		
5	Name:		X
	Address:		
	Tel No:		
	Email:		
6	Name:		X
	Address:		
	Tel No:		
	Email:		
7	Name:		X
	Address:		
	Tel No:		
	Email:		
8	Name:		X
	Address:		
	Tel No:		
	Email:		
9	Name:		X
	Address:		
	Tel No:		
	Email:		
10	Name:		X
	Address:		
	Tel No:		
	Email:		

Signed: _____ Position: _____ Date : _____