



BERMUDA FOOTBALL ASSOCIATION

P O Box HM 745

Hamilton HM CX

Fax: 441-295-0773

www.bermudafa.com

Tel: 441-295-2199

CLUB REGISTRATION 2020/2021

On or before JULY 16, 2020

**LATE CLUB REGISTRATION
Deadline: JULY 31ST (late fee: \$250)**

Due to the COVID-19 pandemic the Club Registration Fee must be paid online to the Bermuda Football Association HSBC Account #010-003051-001 and the Forms and proof of payment must be emailed to registration@bermudafotball.com.

**Club will be ineligible to participate in the
upcoming football season if it fails to register
by July 31, 2020**



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REGISTRATION FEES 2020 - 21 SEASON

CLUB NAME: _____

TOTAL: _____

()	FULL MEMBER -	500.00
()	PREMIER DIVISION.....	1000.00
()	FIRST DIVISION	500.00
()	EXPANSION LEAGUE	100.00
()	EXPANSION K.O. CUP	100.00
()	PREMIER DV F.A. CHALLENGE CUP.....	500.00
()	FIRST DV F.A. CHALLENGE CUP.....	500.00
()	MASTERS DIV. (ASSOCIATE MEMBERS).....	300.00
()	FRIENDSHIP.....	200.00
()	SHIELD.....	200.00
()	BERMUDA REFEREES ASSOCIATION.....	500.00
()	BERMUDA SCHOOL SPORTS FEDERATION.....	500.00



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ANNUAL REGISTRATION FORM 2020 - 2021

NAME OF CLUB: _____

CLUB ADDRESS:

PRESIDENT: _____

PHONE (H) _____ (W) _____

E-MAIL: _____

SECRETARY: _____

PHONE (H) _____ (W) _____

E-MAIL: _____

ASST.SECRETARY: _____

PHONE (H) _____ (W) _____

E-MAIL: _____

TREASURER: _____

PHONE (H) _____ (W) _____

E-MAIL: _____

SENIOR COACH: _____

PHONE (H) _____ (W) _____

E-MAIL: _____

MASTERS COACH: _____

PHONE (H) _____ (W) _____

WOMEN'S COACH: _____

PHONE (H) _____ (W) _____

E-MAIL: _____

EXPANSION COACH: _____

PHONE (H) _____ (W) _____

E-MAIL: _____



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NUMBER OF MEMBERS _____ CLUB COLOURS: (SEE ATTACHED)

LOCATION OF REFEREES' CHANGING ROOM: _____

IS YOUR CLUB A FIELD OPERATOR? **YES OR NO**... _____

HOME GROUND: _____ AVAILABLE: FROM _____ TO _____

SIZE OF FIELD: LENGTH _____ WIDTH: _____

HAS FIELD ANY FACILITIES FOR TAKING GATE RECEIPTS? **YES OR NO** _____

ALTERNATE FIELD WITH LIGHTS TO BE USED IN THE CASE OF POSTPONED OR
RESCHEDULED MATCHES: _____

TOTAL FEES ENCLOSED AS PER ABOVE: \$ _____ (SCHEDULE OF FEES ENCLOSED)

WE HEREBY SUBMIT OUR APPLICATION FOR AFFILIATION, PARTICIPATION IN
COMPETITION, ETC., AND AGREE TO ABIDE BY THE CONSTITUTION, BY LAWS,
STANDING ORDERS AND REGULATIONS OF THE BERMUDA FOOTBALL
ASSOCIATION.

SECRETARY: _____
Please Print

Signature

DATE: _____



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TO BE COMPLETED BY ALL CLUBS WHO ARE NOT FIELD OWNERS

DATE: _____

THE ADMINISTRATIVE ASSISTANT
BERMUDA FOOTBALL ASSOCIATION
P.O. BOX HM 745
HAMILTON HM CX

DEAR SIR,

THIS IS TO CERTIFY THAT WE, _____
(THE APPLICANT CLUB)

HAVE OBTAINED THE PERMISSION OF THE _____
(FIELD OWNERS)

THE OWNERS OF THE _____ AND WHOSE
(NAME OF FIELD)

SIGNATURES ARE CONTAINED BELOW FOR THE USE OF THEIR GROUNDS FOR THE **2020/21** SEASON AS A HOME GROUND FOR ALL LEAGUE AND COMPETITION MATCHES FOR THE FOLLOWING TEAMS.

(PLEASE TICK)

PREMIER DIVISION..... () FIRST DIVISION..... ()

EXPANSION LEAGUE..... () MASTERS DIVISION..... ()

PRESIDENT OF FIELD OWNER
(PLEASE PRINT)

SIGNATURE OF PRESIDENT OF FLD OWNER

SECRETARY OF FIELD OWNER
(PLEASE PRINT)

SIGNATURE OF SECRETARY OF FLD OWNER

SIGNATURE OF PRESIDENT
(APPLICANT)

SIGNATURE OF SECRETARY
(APPLICANT)



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**TO BE COMPLETED BY ALL CLUBS WHOSE GROUNDS
DO NOT HAVE FLOODLIGHTS**

DATE: _____

THE ADMINISTRATIVE ASSISTANT
BERMUDA FOOTBALL ASSOCIATION
P.O. BOX HM 745
HAMILTON HM CX

DEAR SIR,

THIS IS TO CERTIFY THAT WE _____
(THE APPLICANT CLUB)

HAVE OBTAINED THE PERMISSION OF THE _____
(FIELD OWNERS)

THE OWNERS OF THE _____ AND WHOSE
(NAME OF FIELD)

SIGNATURES ARE CONTAINED BELOW FOR THE USE OF THEIR GROUNDS FOR THE
2020/2021 SEASON AS A **NIGHT FIELD** FOR ALL LEAGUE AND COMPETITION
MATCHES FOR THE FOLLOWING TEAMS.

(PLEASE TICK)

PREMIER DIVISION..... ()

FIRST DIVISION..... ()

EXPANSION LEAGUE..... ()

MASTERS DIVISION..... ()

PRESIDENT OF FIELD OWNER
(PLEASE PRINT)

SIGNATURE OF PRESIDENT OF FLD OWNER

SECRETARY OF FIELD OWNER
(PLEASE PRINT)

SIGNATURE OF SECRETARY OF FLD OWNER

SIGNATURE OF PRESIDENT
(APPLICANT)

SIGNATURE OF SECRETARY
(APPLICANT)



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UNIFORM COLOURS 2020/2021 SEASON REGISTRATION

THIS FORM MUST BE IN THE POSSESSION OF THE B.F.A. BY JULY 31st

WE HEREBY CONFIRM THE PARTICIPATION OF OUR CLUB IN THE B.F.A. PROGRAM FOR THE **2020/2021** SEASON.

NAME OF CLUB: _____
(REGISTRATION FEES MUST BE ENCLOSED)

DATA TO BE SUPPLIED BY THE PARTICIPATING CLUB(S)

HOME COLOURS

SHIRTS: _____

SHORTS: _____

SOCKS: _____

AWAY COLOURS

SHIRTS: _____

SHORTS: _____

SOCKS: _____

DATE: _____ **SECRETARY OF CLUB:** _____