

ISDE 2019- ISDE –PORTUGAL

NOMINATED CLUB TEAM MANAGER DETAILS

Please note that in completing this form, the person nominated accepts responsibility for dealing with all matters relating to the team, including any financial arrangements, correspondence, distribution and return of the team paperwork, representation at any meetings called etc.

CLUB TEAM NAME: -----
(MUST BE AN AFFILIATED ACU CLUB)

TEAM MANAGER : -----

Signature of Team Manager accepting post

Note: All future correspondence regarding Club team participation will be forwarded and processed via the named Team Manager.

POSTAL ADDRESS : -----

E-MAIL ADDRESS: -----

TELEPHONE NO: -----

***Approval of -----Centre:**

Signature-----

*** (This section must be countersigned by an official of the Centre to which your club belongs,alternatively we will accept an email from the Secretary)**

- The Centre confirm that they wish to enter a Club Team in the 2019 ISDE in Portugal
- We confirm the appointment of the Team Manager named above.
- We confirm that the named Team manager is authorised to act on behalf of the Club in matters concerning the ISDE IN Portugal both prior and during the event – and it is accepted that this may include financial decisions that have to be taken at the event.

Please return to Mary Kerr a.s.a.p .

Date 26.10.18