



Leinster Senior League

Established 1896

National Sports Campus, Abbotstown, Dublin. 15

All postal correspondence to P.O. Box 9422., Dublin 6W

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Only For Use in Leinster Senior League Competitions

LSL Division / Cup Competition _____

Date: _____

Home Team: _____

Away Team: _____

Name of Match Referee: _____

Team requesting Player's Signature: _____

Player #1

Print Name: _____

Signature: _____

Address: _____

Date Of Birth _____

Player #2

Print Name: _____

Signature: _____

Address: _____

Date Of Birth _____

Home Team Liaison – Name _____ Signature _____

Away Team Liaison – Name _____ Signature _____

Each Club is entitled to request from the opposition Liaison Officer a Signature and Date of Birth of a maximum of 2 Players. All players listed on the card must make themselves available after the game if required.

Club requesting this information are entitled to witness the signatures.

