



**Team Liaison Officer**

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**County Team Request Form**

Completed Form and Booking Fee of €500.00 to be returned to the Team Liaison Officer before **15th February 2018.**

Please make cheque payable to Cumann Rás Tailteann, IBAN - IE26 BOFI 9005 5142121986, BIC – BOFIE2D (Please include Team Reference)

PLEASE ACCEPT THIS FORM AS AN EXPRESSION OF INTEREST FOR INCLUSION OF THE FOLLOWING COUNTY TEAM IN RÁS TAILTEANN 2018.

TEAM NAME .....

SPONSOR .....

**TEAM ORGANISER:**

NAME .....

ADDRESS .....

.....

.....

TELEPHONE .....

MOBILE .....

E-MAIL ADDRESS .....

**PLEASE NOTE THIS EVENT IS RESTRICTED TO COMPETITOR NUMBERS AND ENTRY IS NOT GUARANTEED.**

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