



# An Cumann Camógaíochta

## NORTH AMERICA SANCTION INSURANCE

(COST OF INSURANCE: €80)

### Player Details

Name: \_\_\_\_\_

Address (In country where registered): \_\_\_\_\_  
\_\_\_\_\_

Club in country where registered: \_\_\_\_\_

County: \_\_\_\_\_

I hereby declare that I intend to play for \_\_\_\_\_ club in \_\_\_\_\_

and intend to remain there from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Player's signature:

\_\_\_\_\_  
Date:

### Payment

#### Payment Method (please tick appropriate box):

<b>Cheque</b>	<input type="checkbox"/>
I enclose a cheque for €_____	
<b>Credit Card</b>	<input type="checkbox"/>
Please deduct my Credit Card with €_____	
Credit card number: _____	
Expiry Date: _____	Authorisation Code (ccv): _____

*PLEASE NOTE: Please make all cheques payable to the Camogie Association and return to The Camogie Association, Croke Park, Dublin 3.*

An Cumann Camógaíochta  
Croke Park, Dublin 3.

Tel: 01 8658651 Fax: 01 8556063 Email: [info@camogie.ie](mailto:info@camogie.ie) Web: [www.camogie.ie](http://www.camogie.ie)