



## Leeds & District Football Association

### ACCIDENT FUND APPLICATION FORM

Fill in form with Black ink and post to:  
Mr GP Howden, 5 Cookridge Drive, Leeds, LS16 7LS  
Tel: 0113 3180427

**Season 2016/17**

Name of Club Print
Club Secretary Name Print
Secretary Address Print
Post Code:
Home Tel:
Mobile Number:
Email Address:

NUMBER OF TEAMS INSURED	
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LEAGUES IN WHICH EACH TEAM PLAYS			
1			
2			
3			
4			
BAND	SEASON PREMIUM	WEEKLY BENEFIT	REQUIRED
A	£120	£42	
B	£160	£56	
C	£200	£70	
D	£240	£84	
E	£280	£100	
	Premium payable per team	Player Benefit	Selected Cover

Cheques made payable to **LEEDS FA ACCIDENT FUND**

BACS to Barclays: **Sort Code 20-89-68 A/C 80552887 ENTER YOUR CLUB NAME**

Benefit payments are for a maximum of 52 weeks **including the first 7 Days**

No excess period, employment status not required, repeat injury covered.

**Note:** Premiums can be paid in two instalments. First on entry. Second on 1st November.

Secretary Signature

Full season

Instalments

By signing this form we are satisfied the PA benefits offered meet our requirements and will abide by the rules of the Leeds FA Accident Fund.