**DERMOT EARLEY YOUTH LEADERSHIP INITIATIVE PROGRAMME (DEYLI)**

**APPLICATION FORM 2020**

**NAME:**

**DATE OF BIRTH:**

**MOBILE NUMBER:**

**CLUB TEAM: SCHOOL:**

* **A FEW WORDS ABOUT WHY YOU WANT TO APPLY FOR THE DEYLI:**

* **TELL US ABOUT ACTIVITIES / HOBBIES THAT YOU ARE INVOLVED IN (e.g. other sports / activities / part-time jobs / helping family):**

**PARENT / GUARDIAN DETAILS:**

**NAME: SIGNATURE:**

**MOBILE NUMBER:**

**EMAIL ADDRESS:**

**PLEASE RETURN THIS APPLICATION FORM BY EMAIL TO:** **deylitowers@gmail.com** **by Wednesday 25th November.**

**PLACES ARE LIMITED!**

**Any queries, please contact:**

**Sharon Jordan 087-7678687 / Pádraig MacCarthy 087-9067924 / Dave Whelan 087-6483085**