

WARRINGTON AND DISTRICT FOOTBALL LEAGUE

BENEVOLENT FUND PERSONAL ACCIDENT CLAIM FORM

Please answer all section fully (except Section C if a separate medical certificate is submitted) and return this form to the Benevolent Secretary within 15 days of accident.

OFFICE USE DATE RECEIVED CLAIM NUMBER

1. Full name and address of club

2. Name and address of Club Secretary

3. Tel No

3a. Name of claimant

3b. No on club roll

3c. Weekly amount of claim £60/£45/£30/£15/£5

4a. Opposing team..... b. Home or Away

4c. Status of match: League/ League Cup Tie/ County Cup Tie/ Authorised Friendly

5. Name of Referee

6. Name and address of opposing Club Secretary

..... Tel No

7. Date of accident Time

8. Place

9. Details as to how accident occurred

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10a. Did the accident occur during a match? YES / NO

10b. If "NO" state details below at 11.

10c. Was the injury treated during the match YES / NO

10d. Was the injury recorded on the team sheet? YES / NO

10e. If no state reason why

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11. Any other relevant details

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12. Signed: (Secretary) Date