



# OFA Club Audit 2015

Name of Club			
OFA Region			
Chairman	Name	Tel	Email
General Secretary	Name	Tel	Email
Link to Community club/s	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, which club/s If more please add on separate page	Name of Community Club	Email	
OFA Region			
Which age groups do you have	U12 <input type="checkbox"/>	U14 <input type="checkbox"/>	U16 <input type="checkbox"/> U19 <input type="checkbox"/>
How many players	U12 <input type="checkbox"/>	U14 <input type="checkbox"/>	U16 <input type="checkbox"/> U19 <input type="checkbox"/>
Please insert Coach Information Below			
U12		U16	
Name		Name	
Tel		Tel	
Email		Email	
Qualification		Qualification	
U14		U19	
Name		Name	
Tel		Tel	
Email		Email	
Qualification		Qualification	
Club Facilities			
Number of Pitches	1 Pitch <input type="checkbox"/>	2 Pitches <input type="checkbox"/>	3 Pitches <input type="checkbox"/>
Type	Artificial Grass <input type="checkbox"/>	Grass <input type="checkbox"/>	Sand <input type="checkbox"/>
Lights	YES <input type="checkbox"/>		NO <input type="checkbox"/>

**Please submit the form to [technical@ofa.om](mailto:technical@ofa.om) by 31<sup>st</sup> January, 2016**