



# OFA Club Community Audit 2015

|                                       |  |                                    |                                    |
|---------------------------------------|--|------------------------------------|------------------------------------|
| Name of Club                          |  |                                    |                                    |
| OFA Region                            |  |                                    |                                    |
| Chairman                              | Name   | Tel                                | Email                              |
| General Secretary                     | Name   | Tel                                | Email                              |
| Link to Club                          | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |                                    |
| If yes, which club                    |  |                                    |                                    |
| Which age groups do you have          | U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> |                                    |                                    |
| How many players                      | U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> |                                    |                                    |
| Please insert Coach Information Below |  |                                    |                                    |
| U8                                    |  | U14                                |                                    |
| Name                                  |  | Name                               |                                    |
| Tel                                   |  | Tel                                |                                    |
| Email                                 |  | Email                              |                                    |
| Qualification                         |  | Qualification                      |                                    |
| U10                                   |  | U16                                |                                    |
| Name                                  |  | Name                               |                                    |
| Tel                                   |  | Tel                                |                                    |
| Email                                 |  | Email                              |                                    |
| Qualification                         |  | Qualification                      |                                    |
| U12                                   |  | U19                                |                                    |
| Name                                  |  | Name                               |                                    |
| Tel                                   |  | Tel                                |                                    |
| Email                                 |  | Email                              |                                    |
| Qualification                         |  | Qualification                      |                                    |
|                                       |  |                                    |                                    |
| Facilities                            | 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**