



Cumann Peil Gael na mBan



(The Ladies Gaelic Football Association)

Preliminary Claim Form

To be submitted within two months of date of injury or if treatment is likely to exceed €200.00

NB: Permission must be sought from the accident fund co-ordinator for any private treatment required.

Name of injured party

Club

Address

Telephone Number

Date of Birth

Employment Status (Please tick)

Employed Self-Employed Unemployed Student

NATURE OF POSSIBLE CLAIM

Loss of wages

Doctor

Dentist

Medication

Hospital

Physiotherapy

Other (Please State)

Date & details of injury and treatment required

Signature of injured party

Date

Signature of Club Secretary

Date

Signature of County Secretary

Date

Signature of National Treasurer

Date Received