LETCHWORTH GARDEN CITY EAGLES FOOTBALL CLUB
JAMES HARPUR PLAYER SUPPORT FUND
APPLICATION FORM 2025-6

The form is to be completed by the Parent/Guardian of the player for whom support is being sought and should be submitted to harpursupport@letchwortheagles.org.uk

Please complete all sections and answer all questions. Failure to do so will result in your application being rejected.
If you want to talk through anything in more detail or seek advice, please reach out to the Club's Welfare Team on welfare@letchwortheagles.org.uk

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Fees for Season 2025-6:
Royston Crow (RCL) / Mid Herts Rural (MHRL) / Herts Girls (HGFPL) = £280 per annum
Eastern Junior Alliance (EJA) / Floodlit = £360 per annum

If your application is successful, you will be asked to make 8 monthly installments to cover the remaining fees of the Player's membership.
Assistance sought (please check one only): ☐ 50% ☐ 75% ☐ 100%

Player's Full Name: ……....
Player's Team and Age Group for 2025-6: ……..
Parent/Guardian's Full Name: ……..
Home Address: ……
Telephone: ……...
Email Address: ……

Brief reasons for seeking assistance: ……..
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Further Information:

Is this your first application for support from the James Harpur Fund?	Y / N
If no, was the application granted?	Y / N
Is the Player in receipt of free school dinners?	Y / N
Does the Player have siblings playing for the Eagles?	Y / N
If yes, how many brothers / sisters?	
Are you a single parent?	Y / N
Are you in full-time or part-time employment?	FT / PT / No

Signed: …… Date: ……..
Please Print Full Name: .....……..…

HARPUR FUND: Application Granted / Rejected Assistance: 50% / 75% / 100%
Signed by: …….…… Name: …….……..