

NATIONAL YOUTH SOCCER LEAGUE 2025 U-19 WOMEN EXPRESSION OF INTEREST FORM



Please PRINT using black or a blue ball pen. PLEASE COMPLETE ALL SECTIONS AND SEND TO COMPETITION DEPARTMENT

CLUB DETAILS

4. Mailing address of Football Club (if different from above) 9. Title of contact person	1.	Name of Football Club	5.	Football Club email address		
3. Street Address of Football Club 7. Which Member Association are you member of? Suburb 8. Which Province / Region is the Club from? State Post code 4. Mailing address of Football Club (if different from above) 9. Title of contact person Mr Mrs Miss Ms Suburb State Post code 10. Name of contact person First name						
Suburb State Post code 4. Mailing address of Football Club (if different from above) Suburb Suburb State Post code 10. Name of contact person First name First name	2.	IPA Number (please attached certificate)	6.	Football Club telephone number		
State Post code 4. Mailing address of Football Club (if different from above) 9. Title of contact person Mr Mrs Miss Ms Suburb State Post code 10. Name of contact person First name	3.	Street Address of Football Club	7.	Which Member Association are you member of?		
State Post code 4. Mailing address of Football Club (if different from above) 9. Title of contact person Mr Mrs Miss Ms Suburb State Post code 10. Name of contact person First name						
4. Mailing address of Football Club (if different from above) Suburb State Post code CLUB PRIMARY CONTACT INFORMATIO 9. Title of contact person Mr Mrs Miss Ms 10. Name of contact person First name		Suburb	8.	Which Province / Region is the Club from?		
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9. Title of contact person Mr Mrs Miss Ms Suburb 10. Name of contact person First name	4.	Mailing address of Football Club (if different from above)		CLUB PRIMARY CONTACT INFORMATION		
Suburb State 10. Name of contact person First name			9.	Title of contact person		
Suburb First name State Post code				Mr Mrs Miss Ms		
State Post code First name			10	. Name of contact person		
State Post code		Suburb		First name		
Last name		State Post code				
				Last name		

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1.	Street address of contact person (if different from Q4 above)		If your Football Club ha	s a logo, please email a coloui	
		18.	18. Please provide your Club Officials details		
]	Name e.g. Bob Smith	Position e.g. Head Coach	
	Suburb				
	State Post code				
12.	Email address of contact person (if different from Q6)				
13.	Telephone number of contact person (if different from Q7)				
14.	Position within Football Club				
		19.	Please provide Football	Club's Bank Account details	
GI	ENERAL CLUB INFORMATION		Name of Bank		
16.	S. Please provide the names of all grounds or venues used by your Football Club for training and matches.		Name of Branch		
			Branch Number		
a)			A a a a sund Normals an		
b)			Account Number		
c)			Swift Code		
C)					

Important: If any of the details provided change, the Competition Department must be immediately notified

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20. Fee to pay with Expression of Interest Form

Twenty Thousand Kina (K2,000.00). This amount is Non-refundable.

The Expression of Interest Fee must be deposited directly into the National Soccer League (NSL) account stated below:

Account Name: National Soccer League

Account Number: 1001 174 835

Bank & Branch: Bank of South Pacific / Waigani Drive (198)

Important—Attach a copy of the Bank Deposit Slip and the Bank Deposit Receipt when submitting the EoI Form

SIGNING

The Football Club applies to PNG Football Association to Participate in the NYSL U19 Women 2025 competition. The Football Club warrants that the information on this prescribed form is current and correct. By signing this Form, the Football Club and its Officials agree to comply with all Competition Rules and Regulations.

/ /

(Signature of Football Club President/Chairman) Date

FOR COMPETITION ADMINISTRATOR USE ONLY

Date Received: Competition Administrator Approved
Approved By:

PNGFA OFFICIAL USE ONLY

Nam	e:	Signature:				
(Name & Signature of PNGFA President						
Name:		Signature:				
(Name & Signature of PNGFA General Secretary						
Date	/ /					

CONTACT ADDRESS

All correspondence must be done through the following contacts:

PNG Football Association Competition Department P.O. Box 371, Vision City National Capital District

Email: CompetitionsDepartment@pngfootball.com.pg

Contacts

Leo Jakanduo Ph: 7188 2357 / 8260 8856 Paul Isorua – Ph: 7211 0382 / 7654 3452

Important: If any of the details provided change, the Competition Department must be immediately notified

Important Notes for the NYSL U19 WOMEN 2025 Season. PLEASE ALL REQUIREMENTS MUST BE FULLFILLED

- 1. The Expression of Interest fee is K2,000 and is non-refundable.
- 2. An Affiliation fee of K6,500 for all clubs intending to take part in the National Youth Soccer League U19 Women Competition with a player registration fee of K50 per player.
- 3. The total payment per club is K10,000 and this payment should be made before the Competition kicks off.
- 4. Each team is allowed to register only 30 players
- 5. All EOI and copies of receipts for the EOI fee must be submitted by the close of business (COB) at 17:00 on Wednesday, 30 April 2025.
- 6. The deadline for the full payment of the Affiliation fees of K6,500 and player registration fee of K1,500 is on Friday 30 May 2025.
- 6. The Competition will be played in a Conference League format—Southern and Northern Conference only. The matches will be played in Port Moresby and Lae.
- 7. The Club must be registered as a Company with IPA and provide a copy of the certificate to the Competitions Department.

- 9. Club Insurance and provide a certificate of insurance.
- 8. Registered with IRC / Tax
- 10. Club must have a Bank Account.
- 11. Players must be born on or after 01 January 2006.
- 12. Players must be born on or before 31 December 2007
- 13. Minimum age 18 and Maximum age 19 to be eligible to participate
- 14. All Clubs must produce a NID or Birth Certificate for their players to confirm age eligibility.
- 15. All clubs must provide medical certificates for their players confirming they are medically fit.
- 16. Employ coaches with certified accreditation (minimum OFC C Coaching License)
- 15. Minimum six (6) teams per conference



PAPUA NEW GUINEA FOOTBALL ASSOCIATION P.O BOX 371, VISION CITY, WAIGANI NATIONAL CAPITAL DISTRICT PAPUA NEW GUINEA