MATCH DAY SIGNING ON FORM

(Teams are reminded they can only sign ONE player on match day)

THIS FORM IS TO BE COMPLETED IN BLOCK CAPITALS

Opposing Club Official Signature

Opposing Club Officials PRINTED NAME

PL	ΑY	EF	SS	D	EΤ	ΆΙ	ILS	:	-
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Players Full Name							
Players Address Details inc. Pos	tcode						
Date of Birth							
Email Address (Mandatory)							
FAN Number (if known)							
Monies / Property owed to another club				YES (Delete	/ Ne as applicable		
O CHECK (Tick which form of ID h	nas been	checked)					
PASSPORT:		DRIVING LIC	CENCE:		BIRTH CERT	IFICATE:	
Checked by: Position		Position			Date		
TEAM DETAILS: -							
CLUB NAME:							
FIXTURE DETAILS: -							
OPPOSING CLUB NAME							
DATE OF FIXTURE							
COMPETITION: - (Tick as ap	nronria	te)					
	Div 2		Prem Cup	Div 1 Cup	Div 2 Cup		T. Fair Cup
Memorial Cup Memorial	Trophy/	Plate					
SIGNATURES/ PRINTED NA	MES: -						
Players Signature						D	ate
Club Officials Signature						D	ate
Club Officials PRINTED NAME						Di	ate

ONCE THIS FORM HAS BEEN COMPLETED

- Send it to the League Registration Secretary via e mail / Hard Copy
- Upload the player details to the Club Portal System (Registrations)In order for the registration to be valid this form <u>MUST</u> be received by the League Registration Secretary by 5.00pm within three days following the fixture to which it refers.

Date

Date