BOURNEMOUTH HAYWARD SUNDAY FOOTBALL LEAGUE REGISTRATION FORM SECTION "A"

I desire to be registered as a Playing Member of the		Football Club for Season 20 / 20
Forenames	Surname	
(Block Capitals)		(If known)
Address		
Town	P	ostcode
Date of Birth / Tel contact No .		
(Any change of address or contact detail	i must be forwarded to the	office within 14 days.)
Have you signed for any other Clubs this season	n? Yes / No (Delete as applic	able.) If yes please list below
Club Secretaries are reminded that it is their duty to	/	
Club Secretaries are reminded that it is their duty to registered for another Club in the current season.	ASK AT THE TIME OF	SIGNING whether a player has
registered for another Club in the current season.		
(i) I am a British Citizen		
(ii) I have been resident in England since aged 10 year		Please tick the relevant box (boxes)
(iii) I have registered or played football for any club ou I accept that by signing this form my Club realise that, sh	_	light that the aforementioned details
are incorrect, all games in which the player has taken par		
Rule 8 (O) of the Bournemouth Hayward Football Leagu	*	
I understand that if these details cannot be confirmed, the ternational Clearance Certificate	e player will need to apply to	The Football Association for an In-
	4(2) 0, 05 1 4 4	C 11 D1
B.D.F.A. Cup Rule 5, B.H.F.L. Rule 8 and F.A. Rules 24 Any Player who requires an International Clearance Cert	.,	
be obtained from the Players Registration Secretary at the		
SW1P 9EQ or on the BDFA website.	,	
I certify that the particulars in section 'A' are correct. I are	m a *contract / *non-contra	act player. (*Delete as appropriate)
By signing this Form I agree for this information to be B.D.F.A and B.H.F.L, which I can		
Failure to correctly complete this j	•	
Players Signature		<u> </u>
Secretary Signature	•	
Secretary Signature	Date signer	4
Note: All registration forms must be received in the office the day.	ce before 12.00pm on a Frida	y. A player may not sign and play on
SECTION "C" (to be completed by the Club O	fficial)	Hayward Sunday League
Club Name:		
Players Surname	Forenames	
(Block Capitals)		
Address		
TownCounty		
Date of Birth / Tel contact No		
(Any change of <u>address</u> or <u>contact number</u>	er must be forwarded to the	office within 14 days.)
This portion for office use only		
Date received by the Association Secretary		