

PETERBOROUGH AND DISTRICT JUNIOR ALLIANCE LEAGUE

DE – REGISTRATION FORM

We.....F.C. Club wish to de – register the following

Player from the U/.....Team from Date.....

Player’s Full Name.....

Signed Team ManagerDate.....

Signed Club SecretaryDate.....

THIS FORM WHEN COMPLETED MUST BE SENT TO THE APPROPRIATE REGISTRATION SECRETARY WITH TWO S.A.E.ONE ADDRESSED TO THE CLUB, AND ONE ADDRESSED TO THE PLAYERS PARENT/GUARDIAN FOR THE RETURN OF THE SIGNED RECIEPT.

THE ID CARD MUST ALSO BE ATTACHED TO THIS FORM.

De – REGISTRATION FORM

I hereby confirm that the player Name

Club.....

Has been DE- Registered from your U/..... Team.

Signed Registration Secretary.....Date.....

De – REGISTRATION FORM

I hereby confirm that the player Name

Club.....

Has been DE- Registered from your U/..... Team.

Signed Registration Secretary.....Date.....