



## TEAM REGISTRATION FORM 2008 / 2009

CLUB	TEAM NAME			AGE GROUP
PLAYER	First Name	Surname	Date of Birth	Players Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby certify that I have checked the above details and they are correct . I enclose Birth Certificates or other approved proof of age for the player listed. I accept that I am responsible for the accuracy of all registration details and compliance with all league rules particularly those surrounding the registration & qualification of players.

**SIGNATURE OF CLUB/TEAM SECRETARY** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please glue  
**Face Only**  
photo of  
**Player 1**  
in this box

Please glue  
**Face Only**  
photo of  
**Player 2**  
in this box

Please glue  
**Face Only**  
photo of  
**Player 3**  
in this box

Please glue  
**Face Only**  
photo of  
**Player 4**  
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**Face Only**  
photo of  
**Player 5**  
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photo of  
**Player 6**  
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photo of  
**Player 7**  
in this box

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photo of  
**Player 8**  
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**Face Only**  
photo of  
**Player 9**  
in this box

Please glue  
**Face Only**  
photo of  
**Player 10**  
in this box