



Epsom & Ewell Youth Football League
PLAYER REGISTRATION FORM 2015/16



Age Group: *(please tick)*

- Under 7 Under 8 Under 9
 Under 10 Under 11

Player's Surname:

Forenames:

Address:

Post Code: **Telephone Number:**

Date of Birth: **Name of School:**

Name of Club: **Name of Team:**

Reg Number: **Date of Registration:**

I have/have not signed for another club in this league this season. I certify that the above information is correct. I attach two passport size photographs, glued in the space provided.

Signature of Player Date/...../.....

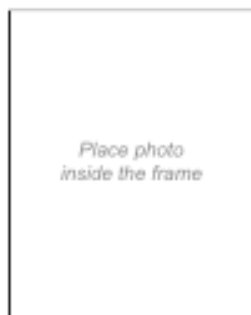
Signature of Parent/Guardian Date/...../.....

Signature of Club Secretary Date/...../.....

Any of the details above being omitted - falsely or completed incorrectly may render the registration of the player ineligible. (Checks on proof of D.O.B. will be undertaken)

Epsom & Ewell Youth Football League 2015/16

Reg Number



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Club

Team/Age Group

Name

Date of Birth



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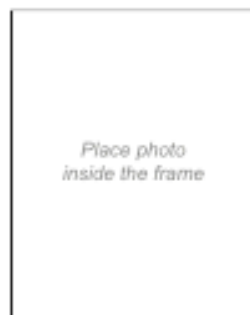
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