

	<h2 style="margin: 0;">NEWARK FOOTBALL ALLIANCE REGISTRATION/TRANSFER FORM</h2>	<p>No:</p>
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NOTICE TO PLAYER'S

Read through this form carefully before attaching your signature.
 On signing this form for a Club, a player accepts his share of any liabilities incurred by this Club.
 The Newark Football Alliance will monitor all Player's Disciplinary records and have the right to suspend or cancel any Registration.
 It is now the responsibility of the Club you are signing for to provide it's own Insurance.

THIS FORM IS TO BE COMPLETED IN INK, AND WILL NOT BE ACCEPTED IF AREAS MARKED # ARE NOT FILLED IN

I desire to be registered for:- #	F.C.
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FULL NAME (In block capitals) #	Date of Birth # / /
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Place of Birth #

ADDRESS # POSTCODE #	PLAYER SIGNATURE # DATE #
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SECRETARY SIGNATURE #	DATE #
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Acknowledgement of Player's Registration
 The player is eligible to play for his Club on receipt of the team form containing the list of registered players, provided he has been registered as required by League Rules.
 IT IS THE RESPONSIBILITY OF THE CLUB SECRETARY TO FILL IN THE PLAYERS NAME AND ADDRESS AND CLUB THIS PLAYER IS TO BE REGISTERED FOR, AND ENSURE THAT THIS FORM IS COMPLETE. FAILURE TO DO SO = NOT REGISTERED

I WISH TO TRANSFER FROM :	F.C.
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<p>CLUB SECRETARY (OF ABOVE MENTIONED CLUB)</p> <p>(PRINT NAME):.....On behalf ofF.C.</p> <p>I consent to the transfer of the above mentioned player to the above mentioned team.</p> <p>SIGNATURE:..... DATE:.....</p>

I WISH TO CANCEL THIS PLAYERS REGISTRATION	
CLUB SECRETARY:	REGISTRAR:
DATE:	DATE:

When cancelling a player's registration, the Club Secretary must forward this form to the Registrar with instructions
 When the registration of a player has been cancelled, this slip should be given to the Player by his Club Secretary as evidence of such.

Please return the completed form to: Andy Duckmanton, 101 Marsh Lane, Farndon, Newark, Notts NG24 4TA

No :
