

CHELTENHAM ASSOCIATION FOOTBALL LEAGUE



$\frac{\textit{PLAYER REGISTRATION FORM}}{Season~2022/23}$

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS.

TO BE COMPLETED STRICTLY IN ACCORDANCE WITH LEAGUE RULE 18.

I, the undersigned, desire to be registe	red as a player in the Cheltenham Association Football League	
FOR	A.F.C	
PLAYERS SURNAME:		
PLAYERS FIRST NAMES:		
ADDRESS:		
	POSTCODE:	
DATE OF BIRTH:	FAN NUMBER:	
INDIVIDUALS EMAIL ADDRESS: (Please note, every player must have an individual unique emai	address)	
	DATE OF SIGNATUREst first obtain the consent of his Association Secretary before signing this form.	
WITNESS DETAILS (Club Official)		
SIGNATURE OF WITNESS	DATE OF SIGNATURE	
WITNESS NAME		-
POSITION		-
this form once completed. If the opposition refuse to de	ay in a match under the provisions of Rule 18(A,ii) an official of the opposition must sign and date	
OPPOSITION OFFCIAL NAME		
When signing players in this manner, the follow	DATE OF SIGNATUREing text MUST be entered on the Whole Game System: "Player completed Registration yy]. Form witnessed by [witness name] of [witness club] FC".	
Has the player ever registered for a	a club outside of England YES	NC
If yes, has player received FA Inter		NC
Players Cheltenham League club fo	r 2019/20:	
Full Registration Details must also be entered on player must not play for the club in the Cheltenha Game System.	to the League's Registration Secretary, in accordance with League Rule 8. In addition, Whole Game by the Club Secretary. Other than under provision of Rule 18(B,ii), the m League until the club has verified that his registration has been approved on Whole rsonally liable for his share of any fine inflicted on his club & may be called upon to mee	 et
	ELTENHAM LEAGUE REGISTRATION SECRETARY ONLY)ACTIVE FROM date on Full-Time:	–