

Cheltenham Association Football League (CAFL) Player Registration Form 2025/26

This form must be completed in BLOCK CAPITALS and strictly in accordance with League Rule 18.

I, the undersigned, desire to be registe	ered as a player in the CAFL FOR: (AF	·C)
Surname:	First Name(s):	
Address:		
Postcode:	Date of Birth://	
FAN Number:	Email Address: (Please note every player must have an individual, unique email a	ddress)
Signature:	Date of Signature: /	/
	witnessed by an official from the opposing team or referee)	
Witness Details:		
Signature:	Date of Signature: /	_/
Name:	Position:	
the opposing team must sign and date this form. Opposition Signature: Print Name: Referee Signature: When signing players in this manner, the following	o play in the match under the provision of Rule 18(A,ii If the opposition refuses, the official must record the Date of Signature: / Date of Signature: / ag text MUST be entered on the Whole Game System: 'o match on [dd/mm/yyyy]. Form witnessed by [Name ub outside of England? Yes]	refusal & sign / / 'Player of Club]"
Player's Cheltenham League club for previous season:		
For any Players registered on the day of a match (18.A.2), a Club Officer must email the Competition with details of the registration one hour prior to the scheduled kick off time for the player to be eligible to play in that match. Once fully completed, this form must be returned to the League's Registration Secretary, in accordance with League Rule 18. In addition, Full Registration Details must be entered onto the FA Player Registration System by the Club Secretary within two days of the match. Other than under provisions of Rule 18 B 2, the player must not play for the club in the CAFL until the club has verified that his registration has been approved on the FA Player Registration System. Officials & players are warned that each one is personally liable for their share of any fine inflicted on their club & may be called upon to meet this obligation should the club default.		
(For the use of the Cheltenham League Registrat	ion Secretary only)	

Date form received: ____/ ___/ ___ ACTIVE FROM date on Full-Time: ____/ ___/