

EAST SUSSEX FOOTBALL LEAGUE

SEASON : 2009 / 2010

Club :

Name :

Address :

Postcode :

Date Received :

Registration Secretary

EAST SUSSEX FOOTBALL LEAGUE

SEASON : 2009 / 2010

I desire to be registered for Football Club

FULL NAME OF PLAYER (IN BLOCK CAPITALS)

Players Address :

Postcode : Date of Birth : / /

I confirm have not signed in this Competition for any other Club this season

Player's Signature : Date :

I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the Data Protection Act 1998.

Signature of Witness : Secretary / Club Officer

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