

GRAY HOOPER HOLT LLP MID SUSSEX FOOTBALL LEAGUE

**PLAYER'S REGISTRATION FORM  
(ALL PARTS TO BE COMPLETED OR THE FORM WILL BE REJECTED)**

*(Extract from League Rule 8 – “A registered playing member of a Club is one who, being in all other respects eligible, has each season signed a fully and correctly completed Competition registration form in ink, countersigned by an Officer of the Club, and who has been registered with the Registration Secretary on or before 17 August in order to play on the first Saturday in September and, thereafter, at least 48 hours prior to playing and whose completed registration document been received by the Club prior to playing.” N.B. It is a breach of this Rule for a player to play for more than one Club in the Competition in the same season without first being transferred or to sign for another Club in the Competition except for the purpose of a transfer.)*

**Full Name of Club: -**

**Status of Registration:** Non-Contract

**Surname:-**

**Forename(s):-**

**Date of Birth:-**

**Place of Birth:-**

**Nationality:-**

**Mothers Maiden Name:-**

**Current Postal Address: -**

**Post code:-**

**Last Club / Other Clubs this Season:-**

**Club(s) registered with last Season (2009 – 2010):-**

**Have you ever played or registered with a Club outside England?\***

**Yes/No**

*(\* This includes clubs playing in Scotland, Wales, Northern Ireland and the Republic of Ireland)*

**If “Yes” have you obtained an International Transfer Certificate from the FA?**

**Yes/No**

**If “Yes” state approximate dated:-**

*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.*

**Player's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed in the presence of (Club Official) :- MARTIN THEOBALD**

**Signature of Club Official :-**

**Date:-**

**Address :- 8 Haywards Villas, Colwell Road, Haywards Heath. West Sussex**

**Post code :- RH16 4HS Tel. no. :- 01444 450333**

***Please indicate if this form was sent via fax? Yes/No If YES, state date and time*** \_\_\_\_\_

**(N.B. This form must be sent by post after faxing)**

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