



# ASHESI FOOTBALL ASSOCIATION

## TERMINATION FORM

2023/ 2024 Season

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Year Group: \_\_\_\_\_

Team: \_\_\_\_\_ Position: \_\_\_\_\_

I \_\_\_\_\_, have read the **AFA constitution** and **agree** to abide by the rules and regulations governing the football as stated in the AFA constitution and will appear before the disciplinary committee upon **flouting** any of the rules and regulations.

Player Signature

Coach Signature

AFA President Signature

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\_\_\_\_\_

Date:     /     /

Date:     /     /

Date:     /     /