

MANAGER CONTRACT FORM

2023/ 2024 Season

Name:		Age:
Nationality:	Height: _	Weight:
Year Group:	_ /\	
Team:	Positi	on:
	, have read t	he AFA constitution and
agree to abide by the rules and i	regulations gover	ning the football as stated in
the AFA constitution and will appoint and reg		isciplinary committee upon
Coach Signature		AFA President Signature
Date: / /		Date: / /