



East Berks Football Alliance

2014/15 Team Identity Registration Form U7s to U18s

EBFA Use

TEAM NUMBER

Once this form is completed it should be returned with any evidence required to the League Registration Secretary.

LEAGUE REGISTRATION SECRETARY

Mr Ian Nile (LRS), Jabaru, 10 Target Hill, Warfield, Bracknell, Berkshire, RG42 3SN

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AGE GROUP		CLUB NAME		TEAM NAME	
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PLAYER 1 PASSPORT PHOTO GLUED HERE	PLAYER 2 PASSPORT PHOTO GLUED HERE	PLAYER 3 PASSPORT PHOTO GLUED HERE	Please trim all photos to fit just inside the lines. <table><tr><td colspan="3">EBFA Use</td></tr><tr><td>Photo1</td><td>Photo2</td><td>Photo3</td></tr><tr><td>Photo4</td><td>Photo5</td><td>Photo6</td></tr></table>	EBFA Use			Photo1	Photo2	Photo3	Photo4	Photo5	Photo6	PLAYER 4 PASSPORT PHOTO GLUED HERE	PLAYER 5 PASSPORT PHOTO GLUED HERE	PLAYER 6 PASSPORT PHOTO GLUED HERE
EBFA Use															
Photo1	Photo2	Photo3													
Photo4	Photo5	Photo6													

	Players Name	Sex (M/F)	DOB (DD/MM/YYYY)	EBFA Use	Season 13/14 EBFA Reg. No.	House No. or Name	Postcode	Parent's Signature By signing this form you agree to your child/ward being registered with the league and that you will all abide by the Rules and Codes of Conduct as laid down by EBFA.
1				DOB Proof				
2				DOB Proof				
3				DOB Proof				
4				DOB Proof				
5				DOB Proof				
6				DOB Proof				

I hereby certify that I have checked the attached photos and details and they are accurate. Enclosed are copies of approved proof of age for all players not registered last season with EBFA and previously registered players are identified above with their 2013/14 EBFA Reg. No. I accept that I am responsible for all the registration details in compliance with League Rules and that any omission/s, inaccuracy or falsification of the details will render the registration(s) ineligible within the meaning of the League Rules and your Club will be referred to the Rules and Regulations sub-committee for a full investigation. No contracted Academy players may be registered with EBFA

Signature of Chairman/Secretary _____ Print Name _____ Date __/__/____