



EAST BERKS YOUTH FOOTBALL LEAGUE

2012/13 TEAM REGISTRATION FORM

EBYFL 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, 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 inside lines. <table><tr><td colspan="3">EBYFL 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>	EBYFL 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
EBYFL Use															
Photo1	Photo2	Photo3													
Photo4	Photo5	Photo6													

No.	Players Name	DOB (DD-MM-YYYY)	EBYFL Use	Season 11/12 EBYFL Reg. No.	House No./Name	Postcode	Parents 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 EBYFL.
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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 EBYFL and previously registered players are identified above with 2011/12 EBYFL 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 EBYFL.

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