

**CRAVEN DISTRICT FOOTBALL ASSOCIATION
DISTRICT CUP COMPETITION
REGISTRATION FORM 2009/10**

Surname of Player :- _____
BLOCK LETTERS

Forename :- _____
BLOCK LETTERS

Address :- _____

Post Code :- _____

Date of Birth :- _____

Club for whom Registered :- _____

Players Signature :- _____

Signature of Club Secretary or Club Official who confirms the above information is correct.

Name In BLOCK LETTERS :- _____

Date this form was completed :- _____

When completed this form together with a self addressed and stamped envelope, must be sent to the Association Secretary so that he receives it not less than seven days before the date of the match in which the above player wishes to play.

ALL REGISTRATIONS WILL BE CONFIRMED AND ALL CLUB SECRETARIES MUST ENSURE THAT THEY HAVE RECEIVED THIS BEFORE ALLOWING PLAYERS TO PARTICIPATE IN ANY ASSOCIATION CUP GAMES.

NO PLAYER MUST SIGN FOR MORE THAN ONE CLUB IN ANY SEASON, FAILURE TO ABIDE BY THIS RULE WILL ENTAIL THE PLAYER AND THE POSSIBLY CLUB BEING FINED.

*D.B.Town. Secretary, 5 Knowles Court, Gargrave, Skipton, BD23 3RS
Telephone: - 01756 749730 Email – davidb@town636.wanadoo.co.uk*

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