



REGISTRATION No.	DATE REGISTERED	INITIALS
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NATIONAL LEAGUE SYSTEM
CANCELLATION OF A PLAYERS' REGISTRATION

Season _____

_____ League

Full Name of Club _____

Status of Registration* Contract Non-Contract Short Loan Long Loan Work Experience

I, the player, (name of player in full) _____

of (address) _____

desire the cancellation of my Registration for the _____ FC

Player's Signature _____ Date _____

(The Player's signature is not required in respect of cancellation of a non-contract registration)

I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the Data Protection Act 1998.

On behalf of the _____ Football Club

I agree to the cancellation of the Registration of _____ for this Club.

Signature of Club Official _____

Position at Club _____

Address _____

Date _____ 20_____

*Please indicate / delete