



| | | |
|------------------|-----------------|----------|
| REGISTRATION No. | DATE REGISTERED | INITIALS |
| | | |

Above three boxes for official use only



**NATIONAL LEAGUE SYSTEM
CANCELLATION OF A PLAYERS' REGISTRATION**

| | | | |
|---------------|-------------|---------------|------------------------------|
| Season | 2016 / 2017 | League | The Hallmark Security League |
|---------------|-------------|---------------|------------------------------|

| | |
|--------------------------|--|
| Full Name of Club | |
|--------------------------|--|

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

*Please indicate

I, the player,
[Name of player in full]

Of,
[Current Postal Address]

Town

Post Code

**desire the cancellation of
my Registration for the
club**

F.C.

Player's Signature

Date

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 club

F.C.

I agree to the cancellation of the Registration of

for this Club

Signature of Club Official

Date

Address of Club Official

Position at Club