



REGISTRATION No.	DATE REGISTERED	INITIALS

Above three boxes for official use only



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

Season 2017/2018	The Hallmark Security League
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Full Name of Club	
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Status of Registration *	Contract	Non-Contract	Short Loan	Long Loan	Work Experience
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*Please indicate

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

Of,
[Current Postal Address]

Town **Post Code**

Date of Birth

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