



<b>REGISTRATION No.</b>	<b>DATE REGISTERED</b>	<b>INITIALS</b>

Above three boxes for official use only

### DATA Registration Form

<b>Season</b>	2016/2017	<b>League</b>	The Hallmark Security League
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<b>Full Name of Club</b>	
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<b>Capacity of DATA Registration</b> <i>*Check box</i>	Manager	Coach	Physio	Committee Member	Other (Please state)
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<b>Full Name of DATA Personnel</b> <b>(PLEASE PRINT)</b>	<b>Surname</b>				
	<b>Forename(s)</b>				
<b>Date of Birth</b> <small>[dd/mmm/yyyy]</small>			<b>Place of Birth</b>		
<b>Nationality</b>			<b>Contact Telephone No.</b>		
<b>Current Postal Address</b>					
	<b>Town</b>			<b>Post Code</b>	

<b>DATA Personnel Signature</b>	<b><u>I have read The Hallmark Security League Respect Code of Conduct, and I agree to fully support it.</u></b>	<b>Date</b>	
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*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.*

<b>Signature of Club Official</b>		<b>Date</b>	
<b>Position of Club Official</b>			