



REGISTRATION No.	DATE REGISTERED	INITIALS

Above three boxes for official use only

DATA Registration Form

Season 2017/2018	The Hallmark Security League
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Full Name of Club	
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Capacity of DATA Registration * <small>* Delete not applicable</small>	Manager	Coach	Physio	Committee Member	Other (Please state)
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Full Name of DATA Personnel (PLEASE PRINT)	Surname				
	Forename(s)				
Date of Birth <small>[dd/mmm/yyyy]</small>			Place of Birth		
Nationality			Contact Telephone No.		
Current Postal Address					
	Town			Post Code	
Email Address					

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

Signature of Club Official		Date	
Position of Club Official			