



NATIONAL LEAGUE SYSTEM
PLAYER'S REGISTRATION FORM

Season 2023-2024

THE COMBINED COUNTIES FOOTBALL LEAGUE LTD



Full Name of Club

BLOCK CAPITALS ONLY PLEASE

Status of Registration *

Contract

Non-Contract

Short Loan

Long Loan

Work Experience

* Delete not applicable.

Full Name of Player

Surname

Forename(s)

Date of Birth (dd/mm/yyyy)

Place of Birth

Nationality

Current Postal Address

Town

Post Code

Contact Details

Mobile Phone

Home Phone

Email Address

Emergency Contact - Name

Mobile Phone

Home Phone

Last Club

Other Clubs This Season

Is the player a Goalkeeper? YES / NO

Has the player ever played or registered with a Club outside England? *

YES / NO

If "Yes" has the player obtained an International Registration Transfer Certificate from The FA?

YES / NO / NA

* This includes Clubs playing in Northern Ireland, Scotland & Wales.

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 General Data Protection Regulation 2016/679.

Signature of Witness
If Player is U18 – Signature of Parent or guardian

Date

Name & Address of Witness [please print]

NB – I confirm I was present when the player signed this form (The above witness can be the same as the Club Official signing this form if they were present).

Signature of Club Official
(must be the Secretary, Chairman, Committee/Board member of Club)

Date

Name & Address of Club Official [please print]

Please indicate if this form was sent via E-mail or facsimile*

Yes / No

If YES, state

Date

Time

Please Note: Original forms must be held by the club until 30th June at the conclusion of the current playing season. These forms must be produced if requested by the competition.