13	2	741	4	18	
57	5	5		Ϋ́ε	1
ŝ,	ð		7	5	5
10	1			e	



Club Name _____ Club Address _____

SFA Club ID No. League

_____Amateur Football League

FULL NAME ADDRESS PLAYER ID DATE OF BIRTH DATE SIGNED SIGNATURE ·** Name of Club Representative ______ Signature _____ Date _____ Signature Date **Full Name of Witness**

Full Address of Witness

Football Association and the Scottish Amateur FA in as so much as they are applicable. The Association's decision in any dispute shall be final and binding subject to ant relevant appeals or arbitration procedures available in terms and Articles and Association, who may wish to contact you about other services. Please cross the box if you do not wish to be contacted. subject to the relevant appeals procedure within the Scottish Amateur FA rules, where applicable, having been exhausted.

Important Note - A player signing this form is subject to the Rules and Regulations and Articles of Assocoation of the Scottish **The primary purpose of this form is to register your details as a player on the Association's database, and with other recognised football bodies, to make you eligible to play football in Scotland. However, the information may be made available to user groups within the

Date of Form Received (official use only)

Signature of Registration Secretary