

ESSEX COUNTY WOMENS LEAGUE
SEASON ____/____

PLAYER
REGISTRATION FORM

NAME OF CLUB: _____

PLAYER'S FULL NAME: _____

DATE OF BIRTH: _____ NATIONALITY: _____
(English, Scottish etc. **NOT** British)

PREVIOUS CLUB: _____

I confirm I have discharged any financial liabilities to my previous club and have returned all club properties.

I confirm that I wish to register for the above-named club and that the information given above is accurate.

SIGNATURE OF **PLAYER:** _____

DATE SIGNED: _____

I confirm that the above-named club wishes to register this player and that the information given above is accurate.

SIGNATURE OF **CLUB SECRETARY:** _____

DATE SIGNED: _____

When completed, this form must be accompanied by:
(i) a stamped, addressed envelope (to the Club Secretary),
(ii) two passport-size photographs of the player, both signed on the back by the player in question and sent to the Registration Secretary:

Roger Barnard, 'Domaha', 19 St. Fabian's Drive, Chelmsford CM1 2PR.

The League will send to the Club an official PLAYER IDENTITY CARD which must be in the possession of the Team Manager during every match and shown to the opposing Manager.

FOR ECWFL USE ONLY

Registration Date:
.....

Eligible to play from:
.....