

Bermuda Football Association

P.O. Box HM 745 HAMILTON HM CX BERMUDA
Tel: (441) 295-2199 Fax: (441) 295-0773 E-mail: bfa@northrock.bm

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COMMERCIAL DIVISION REGISTRATION FORM

PLEASE PRINT

PLAYER REGISTRATION
(for official use only)
Registration #:

CLUB: _____

SURNAME	FIRST	MIDDLE

PLACE OF BIRTH: _____

DATE OF BIRTH _____ / _____ / _____
MONTH / DAY YEAR

ADDRESS OF PLAYER: _____

PHONE #: HOME: _____ WORK: _____

NAME OF CLUB PLAYER WAS LAST REGISTERED: _____

PLEASE STATE WHICH DIVISION THE PLAYER WILL BE REGISTERED

PREMIER ()

RESERVE ()

I HEREBY CONSENT TO BE REGISTERED AS A PLAYER FOR _____
CLUB AS OUTLINED IN THE ASSOCIATIONS RULES GOVERNING THE
REGISTRATION OF PLAYERS.

I FURTHER DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND I
UNDERTAKE TO OBSERVE THE RULES, REGULATIONS AND BYE-LAWS OF THE
BERMUDA FOOTBALL ASSOCIATION.

SIGNATURE OF PLAYER

SIGNED BY THE SAID PLAYER IN THE PRESENCE OF:

SIGNATURE OF _____
PRESIDENT OR SECRETARY OR ASST. SECRETARY

***THIS FORM MUST BE COMPLETED IN INK OR TYPEWRITTEN – IT MUST BE FORWARDED
WITH THE APPROPRIATE FEE (\$30) TO THE BERMUDA FOOTBALL ASSOCIATION***

