



Colchester & District Youth Football League



President: Lt. Col. Peter Andrews O.B.E.



De-Registration Form

TEB17/18

The First Part to Be Completed By the Club Secretary

Club Name:

Player's Name:

Player's Address:

Age Group: ID No:

The above player, played for our club in the following Cup's during the current season
(*Please Delete As Appropriate)

Open Cup *YES / NO League Cup *YES / NO

Suffolk Cup *YES / NO Essex County Cup *YES / NO

The Second Part to Be Completed By Parent / Guardian

Player's Name:

Remarks: Please Give Reasons For Asking For De-Registration

Club Secretary: Parent / Guardian

Date :

Please Return Old Card