

NORTHERN IRELAND BOY'S FOOTBALL ASSOCIATION - REGISTRATION FORM - SEASON

COMPETITION..... NAME OF LEAGUE NAME OF TEAM

AGE GROUP - UNDER DATE OF BIRTH MUST BE ON OR AFTER 1st JANUARY

TEAM COLOURS (First Choice) ALTERNATIVE COLOURS (if any)

I HAVE WITNESSED THE SIGNING OF THE UNDERNOTED PLAYERS AND CERTIFY THAT THEY ARE ELIGIBLE FOR THE AGE GROUP OF THIS COMPETITION AND ARE REGISTERED PLAYERS WITH THE LEAGUE STATED ABOVE.
 I FURTHER CONFIRM THAT ALL THE INFORMATION ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF CORRECT.

MANAGER/AUTHORISED TEAM OFFICIAL'S SIGNATURE

(See Notes at Bottom of Form) ADDRESS DATE

NO.	FULL NAME (Block Capitals)	ADDRESS	DATE OF BIRTH	PRESENT SCHOOL OR LAST SCHOOL (if now left)	SIGNATURE OF PLAYER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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21					
22					

NOTES (1) IN THE CASE OF A PLAYER WHO HAS LEFT SCHOOL, PLEASE MARK (L.S.) AFTER THE NAME OF LAST SCHOOL ATTENDED.
 (2) PLEASE NOTE THAT ANY TEAM FOUND GUILTY OF PLAYING OVER AGE OR UNREGISTERED PLAYERS SHALL BE DISMISSED FROM THE COMPETITION.
 I CERTIFY THAT THE DETAILS SHOWN ABOVE IN RESPECT OF THE PLAYERS ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF CORRECT.

SIGNATURE OF REGISTRATION SECRETARY/AUTHORISED OFFICIAL OF LEAGUE DATE SIGNATURE OF N.I.B.F.A. OFFICIAL DATE

After signing the completed form the N.I.B.F.A. Official will return one copy of the form to the Team for retention.