MILTON KEYNES & BORDER COUNTIES YOUTH FOOTBALL LEAGUE

PLAYER DE-REGISTRATION

CLUB		**AGE Gp**	U
TEAM		**D.o.B**	
PLAYER'S NAME		Reg #	
Please enter either yes or no	**Has this player played in any round of the league cup for your club**		

I CONFIRM THAT I/WE WISH TO DE-REGISTER THE ABOVE PLAYER AND THAT HE/SHE IS FREE OF ANY FINANCIAL LIABILITY TO OUR CLUB.

…… …… …… ……

NAME (in CAPITALS) **SIGNATURE** **POSITION WITHIN CLUB** **DATE**

EMAIL / CONTACT NUMBER: ……

PLEASE SEND THIS FORM WITH A LARGE STAMPED ADDRESSED ENVELOPE TO:

Gillian Lapworth 209, Bideford Green, Linslade, Leighton Buzzard, Beds LU7 2TS

***Or* EMAIL TO:**

registrations@mk-youth-football-league.org.uk

DO NOT SEND YOUR LAMINATED TEAM SHEET UNTIL YOU RECEIVE YOUR NEW ONE.