



MID LINCS COUNTY YOUTH LEAGUE

PLAYER DE-REGISTRATION

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| CLUB | | AGE Gp | U |
| TEAM | | D.o.B | |
| PLAYER'S NAME | | | |

Please State the reason for de-registration.

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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.

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

EMAIL / CONTACT NUMBER:

