



Colchester & District Youth Football League



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

De-Registration Form
TEB18/19

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	<input type="text"/> *YES / NO	League Cup	<input type="text"/> *YES / NO
Suffolk Cup	<input type="text"/> *YES / NO	Essex County Cup	<input type="text"/> *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