



Date Registered. _____

Registration No. _____

Initials. _____

**HELLENIC VETERANS LEAGUE
PLAYER'S REGISTRATION FORM
Season: 2010-2011**



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**HELLENIC VETERANS LEAGUE
PLAYER'S REGISTRATION FORM
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Full Name of Club _____ **Veterans Football Club**

Full Name of Player

Surname _____ Forename(s) _____

Date of Birth _____

Full Current Postal Address

_____ Post Code _____

Last Club Played For: _____

County FA _____

**I hereby consent to be registered to the Hellenic Veterans League as a
Non Contract Player.**

Player's Signature _____ **Date** _____

I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the Data Protection Act 1998.

Signature of Club/Vets Secretary* _____ **Date** _____

_____ **Football Club**

All details must be completed. Incomplete Forms will be returned to the club for completion and re-submission.

To complete the registration the authorised club official(s) should access the Club Veterans registration sector on www.hellenicleague.co.uk

*Or Forms can be faxed to 0845 260 66 45 - with on line and fax procedure the original form must be retained by the club for inspection if required.
The League will accept postal registrations to - Registrations, Hellenic League
7 Stoneligh Drive Carterton Oxon OX18 1EE - though this will delay player availability.*

*Club Chairman or Vets Fixtures Secretaries can also complete and submit the form.

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Surname _____ Forename(s) _____

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