



# Cornwall FA

Kernow House, 15 Callywith Gate IE, Bodmin PL31 2RQ

## Player Registration Form

Please complete this form in **BLACK** ink and **BLOCK LETTERS**. Items marked with an **MUST** be provided.

### NAME OF CLUB\*:

**Surname\***

**First name\***

**Middle name**

**Address\***

(must include  
postcode\*)

**Home Tel**

**Mobile**

**Email\***

**DOB\***

**Gender\***

Please tick if you do not wish to receive information from Cornwall FA and The FA.

I wish to register for the above named Club in the

**Cornwall Senior/Junior/Sunday/Women's/ Charity Cup** (delete as appropriate)

and I confirm that I have not registered for any other Club in this Competition for the current season.

Signed.....

Date.....



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Please tick if you do not wish to receive future information from Cornwall FA and The FA.

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