




PLAYER REGISTRATION FORM

This Form is to be completed in full and submitted with the supporting documents required for processing.

Registering Club	GOUGA UNITED FC
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Player Information	
Name	LUKHONA
Surname	BUYEPHI
ID Number	951228 6015 081

Residential Information	
Address	2876 MANDELA DRIVE
	PHASE 3
	BOTRIVER
	7185
Contact Information	
Contact Number (Cell):	078 783 6001
E-mail:	lukhonabuyephi@gmail.com

Declaration	
I hereby declare that I will adhere to the Community Football Federation Competition Rules as required in my participation in all its competitions. I will behave myself accordingly and show myself to be a good example to those in my community and consider myself an ambassador for the Federation.	
Signature:	
Date:	07/03/2025

FOR OFFICIAL PURPOSES ONLY			
Unique Player Number:			
ID Photo (clear & recent)		ID Copy (clear)	
		Transfer/ Clearance Certificate	