

## **PLAYER REGISTRATION FORM**

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

Registering Club	MORNING STARS
Player Information	
Name	LIKAMVETHUE
Surname	BAND
ID Number	0303036850087
Residential Informati	ion
Address	6123
	Leve Steel
	Marekhane
	Gensber
Contact Information	
Contact Number (Ce	ell): 07/7/40018
E-mail:	
Dallage	
Declaration	
my participation in all its com	dhere to the Community Football Federation Competition Rules as required in npetitions. I will behave myself accordingly and show myself to be a good munity and consider myself an ambassador for the Federation.
Signature:	Thiermais
Signature:	30/08/2024
Date:	· /
Date:	FOR OFFICIAL PURPOSES ONLY

## STICOF SOUTH AFRICA

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dentity Number. 030303685008 Date of Birth. 03 MAR 2003 Country of Birth:

