

## PLAYER REGISTRATION FORM

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

Registering Club	Jenne Cosmos
Player Information	
Name Surname ID Number	EMIHUE MKHAPENI 010402 5641085
Residential Information	
Address	12 Alberting Sisula Bredasdorp 7280
Contact Information	
Contact Number (Cell): E-mail:	072 968 0167
Declaration	
I hereby declare that I will adhere	to the Community Football Federation Competition Rules as required in ions. I will behave myself accordingly and show myself to be a good by and consider myself an ambassador for the Federation.
Signature:	ADA.
Date:	
	POFFICIAL PURPOSES ONLY
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FOR OFFICIAL PURPOSES ONLY			
Unique Player Numb	er:		
ID Photo (clear & recent)	ID Copy (clear)	Transfer/ Clearance Certificate	

