

**VANDANEL KENT COUNTY FOOTBALL LEAGUE**

**PLAYER CANCELLATION FORM – SEASON 2010/11**

**REGISTRATION ZONE - A / B** (refer to handbook)

C.....

**TO THE REGISTRATION SECRETARY**

**DATE**.....

Please cancel the Registration of.....

from.....FC. in the above Competition

Players Christian name, surname and full postal address (BLOCK CAPITALS)

Name.....

Address.....

..... Post Code..... Tel.....

**REASON FOR CANCELLATION (Must be completed)**

.....

Signature of Club Secretary.....

**N.B: A PLAYER cancelling a Registration will NOT be allowed to play for another CLUB in the League until a period of TWENTY-EIGHT DAYS has elapsed**

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**VANDANEL KENT COUNTY FOOTBALL LEAGUE**

To the Secretary.....C.....  
FC

I have today cancelled the below named players Registration from the above Competition

Name of player(s).....

.....

Date of Cancellation..... Signed.....

(Registration Secretary)