

PLAYER REGISTRATION FORM

Address: ACPP, 190 Quagga Rd, Proclamation Hill, Pretoria, 0183

e-mail: info@fap.co.za web: www.fap.co.za



Please note that this form must be accompanied by the following:

- Copy of players Identity Document (South African ID or Passport)
 Non South African Citizens: In the absence of a copy of the south African Identity Document/Passport, a copy of the players valid Passport and visa is required
- 3. One ID size **COLOUR** photograph with light background
- 4. Where applicable, a duly signed, authorized transfer/clearance certificate

PLAYER INFORMATION									
Sı	ırname			ame/s					
Passport/National ID no SA Citizen Foreign									
Date of Birth Gender Male Female Cell Number									
Residential Address									
_	E-Mail								
Club to be Registered with Season MySafa ID no									
Club for which player last played for Season									
	LEAGUE (Tick appropriate block)	Under 9	Under 17				Colour Photo		
		Under 11	Under 19						
		Under 13							
		Under 15	Senior Leag						
			Super Leag	ue					
Parent / Guardian Name and Surname Contact No									
Parent / Guardian ID number Date									
Player/Parent / Guardian SIGNATURE (NO ELECTRONIC SIGNATURES ALLOWED)									
By signing this Registration Form, the player/parent or guardian (if the player is under the age of 18 years old), confirms that they have read and are fully acquainted with the Constitution, Rules and Regulations of The Football Association of Pretoria and certifies that all information provided above is true and correct, and acknowledges that any incorrect and / or false answer(s) will render this registration NULL and VOID at the sole discretion of the The Football Association of Pretoria, affiliated to The South African Football Association (SAFA).									
CLUB INFORMATION									
Name of Official Contact no									
	Official Signature Date								