

THE FOOTBALL ASSOCIATION



**Cancellation of the Registration
of a Player under written Contract**

I (name of player in full) _____

of (address) _____

desire the cancellation of my Registration with _____ Football Club

Signature of Player* _____

* I certify that the above information is correct and I consent to the information that I have provided on this form being used in the manner set out in The Football Association Limited Privacy Statement.

Date _____ 20____

Did the Player use the services of an Intermediary Yes/No (delete as applicable)

On behalf of the _____ Football Club

I agree to the cancellation of the Registration of _____

for this Club.

Club Signatory _____

Address _____

Date _____ 20____

Did the Club use the services of an Intermediary Yes/No (delete as applicable)

Form to be returned to:
Registrations Department, The Football Association,
Wembley Stadium PO Box 1966, London SW1P 9EQ

Fax: 0844 980 0663 Email: registrations@thefa.com