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**SCI YOUTH FOOTBALL FESTIVALS**

**FESTIVAL PLAYER REGISTRATION FORM**

**Please complete 1 form per team in each age group**

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| --- | --- | --- | --- |
| **Club** |  | **Age Group** |  |
| **Coach** |  | **Team Name** |  |

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| --- | --- |
| **Players Name** | **Players Date of Birth** |
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**Please complete this form in advance and bring to the control point before your first match on Saturday at your chosen festival for 2024.**

**I (NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFY THAT ALL PLAYERS LISTED ON THIS SHEET ARE THE CORRECT AGE AND THERE DATE OF BIRTHS ARE CORRECT. PLEASE PROVIDE PLAYER I.D FOR EACH PLAYER ABOVE.**

**COACH SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCI SIGNATORY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**