



NEW & TRANSFER PLAYER REGISTRATION FORM - AMATEUR PLAYER 2020

Type of Registration (Please Tick) **New** **Transfer**

SAFA CAPE TOWN REGISTRATION NUMBER ISSUED (Regional Use)

Note: this form must be accompanied by a COPY of the members Computerised Birth Certificate for 16 and younger

Note: this form must be accompanied by a COPY of the members Green Coded RSA Id or Smart Card for 18 and older

Player Type (Please Tick) **Football** **Futsal** **Beach Soccer**

Members Type (Please Tick) **Youth** **Senior** **Player** **Referee** **Official**

Members ID number

Members Surname

Members First Name

Nationality **South African** **Foreigner** (Submit the applicable official documentation from Department of Home Affairs or from the Country of Origin)

Gender **Male** **Female** **Disabled** **Yes** **No**

Club Name

Previous Club if Applicable

Clearance Attached (Please tick)

LFA Name

Previous LFA if Applicable

Clearance Counter Signed (Please tick)

LFA Reg Officer Signature

By signing this form, the LFA official confirms that the information herein is true & correct

Date: _____/_____/2020

FOR LFA USE ONLY

FOR REGIONAL USE ONLY

SAFA CT REG OFFICER REJECTION COMMENTS/REASON

Player registered with another club obtain clearance and/ or counter clearance from the LFA

Club & LFA

Date Last Registered _____/_____/_____

Provide Updated Photo

Other

Player Registration Card (Paste no staples)

Lost Card, provide letter from club (Please Tick if attached)

Id Size Photo (Paste no staples)