FIJI FOOTBALL ASSOCIATION
FUTSAL PLAYER REGISTRATION

SURNAME	
NAME	
DATE OF BIRTH	
SEX	
ADDRESS	
TIN #	
PHONE CONTACT	
EMAIL ADDRESS	

ATTACH PHOTO HERE
TO BE CERTIFIED BY BARRISTER & SOLICITOR, COMMISSIONER OF OATH OR JP

PRIOR REGISTRATION		YES		NO

If Yes, Please fill in the details below:

DISTRICT REGISTERED		FUTSAL DISTRICT	
LICENSE NO.		NEW FUTSAL CLUB	

I _____ of _____ solemnly and sincerely declare that above information provided is correct. By signing this form, I further undertake that I intend to be registered or authorize Fiji Football Association to register me for the New Futsal Club as Stated above.

_____ _____

(Signature of Player) Witness By: _____

Date: _____

(FORM SHOULD BE WITNESSED BY BARRISTER & SOLICITOR, COMMISSIONER OF OATH OR JP).

CHECKLIST

	Player Registration Form		Original Birth Certificate
	Transfer Form (If Applying for Transfer)		Certified Copy of TIN Card/ Voter Card / Passport
	Passport Size Photo (Certified)		

Club President/ Secretary: _____ Date:_____

District President/ Secretary/School: _____ Date:_____

OFFICE USE ONLY

Comments: _____

Receipt Number: _____ Date: _____ L/No: _____