



NEW & TRANSFER PLAYER REGISTRATION FORM - AMATEUR PLAYER 2023-24

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

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

Members ID number

Members Surname

Members First Name

Nationality South African Foreigner

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: _____/_____/202__

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

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

Player Registration Card (Paste no staples)

Id Size Photo (Paste no staples)