



PLAYER

FORM BBNLSC/PC02



GLUE
PASSPORT IN BB UNIFORM

Please PRINT using a black or blue ball point pen. PLEASE COMPLETE ALL SECTIONS

PLAYER DETAILS

1 NAME OF PLAYER (Surname, First name, Middle name)

2 COMPANY

3 CHURCH

4 DATE OF BIRTH

 / /

5 RANK OF PLAYER

6 STATE MEMBERSHIP NUMBER (SMN) OF PLAYER

 / /

7 YEAR OF JOINING THE COMPANY

8 YEAR OF LAST PROMOTION (If any)

9 PHONE NUMBER

10 EMAIL

11 EMERGENCY CONTACT

Name:

PHONE #

PARENT INFORMATION (Under 18 only)

12 TITLE

MR. MRS others

13 NAME

14 PHONE #

15 EMAIL

TEAM INFORMATION

16 BATTALION

17 POSITION PLAYED IN TEAM

SCHOOL DETAILS

18 Are you a student? Yes No

19 If Yes, please provide name of school

20 Do you play for the School Team? Yes No

SIGNING

The Team and the player listed above apply to the BBNLSC Football Technical Committee to register the player with that team as a PLAYER.

By signing this Form, the player (or if the player is under 18 years of age at the time of signing this form, that Player's parent or guardian) agrees to comply with the terms (as specified overleaf) and other documents and spectator code of behaviour.

/ /
SIGNATURE OF PLAYER/PARENT/GUARDIAN DATE

/ /
NAME & SIGNATURE OF COMPANY CAPTAIN DATE

/ /
NAME & SIGNATURE OF COMPANY CHAPLAIN DATE

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED:

 / /

PLAYER VERIFIED BY:

APPROVED BY:

VERIFICATION: (List)