



EAST BERKS YOUTH FOOTBALL LEAGUE

FOR TEAMS WHO DO NOT PRESENT THEIR EBYFL REG ID CARDS



TEAM CHECK – To be completed by Team Manger of team which cannot present their card and handed to opposition manager who should send form to their Divisional Secretary

Date		Under		Division/Cup	
Home Team			Away Team		
Team Name					
	Players Name (BLOCK LETTERS)			Date Of Birth	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
Managers Signature					
Print Name					
Opposition Managers Signature					
Print Name					