

Registration Form

Division SEASON.....

Address Name of Club

..... Name (in full)

..... Date of birth

School Accreditation No

..... Players signature

Address Parents signature

.....

Exclusive results service in ^{Stockport}Express every week

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STOCKPORT METROPOLITAN JUNIOR FOOTBALL LEAGUE

Division Season

I hereby register as a player of the Club

eligible to play on or after

Signed

Registration Secretary

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