WEST KENT SUNDAY FOOTBALL LEAGUE

PLEASE COMPLETE IN BLOCK CAPITALS IN BLUE OR BLACK INK





Founded 1967 Affiliated to KCFA Website: www.wksl.org.uk

PLAYER REGISTRATION FORM FOR SEASON					2022– 2023				
FIRST NAME					AME				
DATE OF BIRTH	D		M			Υ			
ADDRESS									
HOUSE NUMBER O	R NAME								
ROAD NAME									
TOWN				County KENT					
POST CODE Email ADDRESS									
PHONE NUMBER CODE					NUMBER				
CLUB THAT YOU W	SH TO BE	REGIST	ERED FOR						
I Name					ENT		For off line registration		
PLAYERS SIGNATUR	RE								
Players signing this form ack adequate first aid equipmen Programme.									
					Date				