



THE FOOTBALL ASSOCIATION OF WALES Ltd

ADULT FUTSAL CANCELLATION FORM (JF11C)



SECTION A – PLAYER’S DETAILS

This section **MUST** be completed **IN FULL** by the Player in **BLOCK CAPITALS ONLY:**

Given Forename(s):-

Surname:-

Name of club were you’re currently registered:

Date of Birth:-

Current Postal Address:-

Post Code:-

I the player (as named above) of the address (as detailed above) desire the cancellation of my registration as a futsal player for the above named Futsal Club as and from the date of Player’s Signature as detailed below.

Player’s Signature:-

Date of Player’s Signature:-

SECTION B – CLUB DETAILS

This section **MUST** be complete **IN FULL** by the Recognised Signatory in **BLOCK CAPITALS ONLY:**

On behalf of the above named Football Club I agree to the cancellation of the above named registered futsal players’ registration as and from the date of the Players Signature as detailed above.

I confirm that all protocols with regards to Futsal Regulations have been observed by the Futsal Club.

I understand that this form must be returned to The Football Association of Wales immediately following its completion to:

Registrations Department
11-12 Neptune Court
Vanguard Way
Cardiff
CF24 5PJ

Name:-

Current Postal Address:-

Post Code:-

E-mail Address:-

Recognised Signatory (Club Secretary or Equivalent / Chairman or Equivalent):-

Date:

**THE CLUB RECOGNISED SIGNATORY MUST ENSURE THIS REGISTRATION FORM IS SENT TO THE FAW UPON COMPLETION.
ON RECEIPT PF THIS COMPLETED FORM, THE FAW WILL PROCESS THE CANCELLATION.**