



THE FOOTBALL ASSOCIATION OF WALES Ltd

2018-2019 ADULT CONTRACT CANCELLATION FORM (J7)



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 Professional Player for the above named Club as and from the date of Player’s Signature as detailed below.

I understand that I may not register as an Amateur Player unless a period of 30 Days has elapsed from my last competitive appearance for the above named Football Club.

FAW Player Registration Number (to be completed by Club Secretary if known):-

Player’s Signature:-

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Date of Player’s Signature:-

SECTION B – CLUB DETAILS

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

Date & Fixture of the last competed fixture which the player named above last competed as a Professional Player for the above named Club:

Date: *Fixture:*

On behalf of the above named Football Club I agree to the cancellation of the above named Registered Professional Player as and from the date of Player’s Signature as detailed above.

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 RECOGNISED SIGNATORY MUST ENSURE THIS CANCELLATION FORM IS SENT TO THE FAW UPON COMPLETION.