



# THE FOOTBALL ASSOCIATION OF WALES Ltd 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:  
CLUB

Date of Birth:-  
DD / MM / YYYY

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 contracted 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 Rule 59.4)*

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

Player’s Signature:-

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Date of Player’s Signature:- DD / MM / YYYY

## SECTION B – CLUB DETAILS

This section **MUST** be complete **IN FULL** by the Club Secretary 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 Contracted 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**

Secretary’s Name:-

Current Postal Address:-

Post Code:-

Secretary’s E-mail Address:-

Secretary’s Signature:-

Date of Secretary’s Signature:- DD / MM / YYYY

**THE CLUB SECRETARY MUST ENSURE THIS REGISTRATION FORM IS SENT TO THE FAW UPON COMPLETION.**