



LSV Men's 6-a-side Football League – TEAM REGISTRATION FORM

TEAM NAME: _____ Team Colour/s: _____

1st Contact (Team Captain/Secretary)

First name: _____ Surname: _____

Title: Mr/Mrs/Miss/Ms/other (please circle) D.O.B: ____/____/____

Address: _____

Post code: _____ Contact number: _____

Email address: _____

As team captain/ secretary I understand I am responsible for the actions and behaviour of anybody associated with my team. I must make sure the rules of the league are followed by all team members and understand persistent misconduct may result in L.S.V Company banning a player or team from the L.S.V leagues.

Signed: _____ Date: _____

2nd Contact

First name: _____ Surname: _____

Title: Mr/Mrs/Miss/Ms/other (please circle) D.O.B: ____/____/____

Address: _____

Post code: _____ Contact number: _____

Email address: _____

PLAYERS:

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

(These players **MUST** complete a player registration form before playing in the league)

This section is to be completed by Leigh Sports Village Company staff only.

Registration Fee Paid (tick box) Signed (staff initials): _____ Date: _____