



**NATIONAL LEAGUE SYSTEM
CANCELLATION OF A PLAYERS' REGISTRATION**



SEASON 2024/2025	THE NORTH WEST COUNTIES FOOTBALL LEAGUE
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Full Name of Club	
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Status of Registration *	Contract	Non-Contract	Short Loan	Long Loan	Work Experience
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***Please indicate**

I, the player,
[Name of player in full]

Of,
[Current Postal Address]

Town **Post Code**

Date of Birth

desire the cancellation of my Registration for the club **F.C.**
.....

Player's Signature **Date**

<p>EU General Data Protection Regulation Consent I agree to the application being made and certify that the information provided is correct. I agree to be bound by the rules and regulations of The Football Association and The North West Counties Football League (NWCFL). For the purposes of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) I acknowledge that The Football Association and NWCFL will be collecting, sharing and otherwise processing Personal Data which may include Special Categories of Personal Data (both as defined in the GDPR) about me including such data as set out in this form for the purpose of discharging their functions as a regulatory, administrative and governing bodies of football and otherwise in accordance with The Football Association's Participant Privacy Policy and The North West Counties Football League Privacy Policy.</p>	<p><i>Please tick to confirm</i></p>
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On behalf of the club **F.C.**

I agree to the cancellation of the Registration of
for this Club

Signature of Club Official **Date**

Address of Club Official

Position at Club