



**SOUTH AUSTRALIAN AMATEUR SOCCER LEAGUE INC.**

**CANCELLATION OF  
PLAYER REGISTRATION**

*(anything outside SAASL, i.e. FFSA, Collegiate, etc.)*

**SURNAME:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**NAME OF CLUB:** \_\_\_\_\_

**Signing**

*The Club and/or the Player as listed above apply to cancel the registration of the Player.*

**PLAYER SIGNATURE:** \_\_\_\_\_

**NAME OF CLUB REPRESENTATIVE:** \_\_\_\_\_

**SIGNATURE OF CLUB REP:** \_\_\_\_\_

**POSITION IN CLUB:** \_\_\_\_\_

*Cancellation is effective immediately if signed by both the Player and the Club. If signed by only one party, de-registration is effective 7 days from the date this signed form was lodged.*

**OFFICE USE ONLY**

Date Received : \_\_\_\_\_ Processed by: \_\_\_\_\_

Comments: