

FC BAYERN YOUTH CUP NIGERIA 2020

PLAYER REGISTRATION FORM

PLAYER INFORMATION

NAME:

DATE OF BIRTH:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

PLAYER SIGNATURE:

I accept full responsibility to fulfil all fixtures of the competition. I accept that once fixtures have been confirmed and teams allocated. I cannot withdraw without going through speculated withdrawal process. I agree to abide by the rules of the competition. I am within ages 14 and 16.	SIGN HERE:
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PARENT/GUARDIAN INFORMATION

NAME:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

PARENT/GUARDIAN SIGNATURE:

I consent to let my ward participate in the FC Bayern Youth Cup Nigeria 2020. He is within ages 14 and 16 .	SIGN HERE:
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Contact Us:

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