



MID ULSTER FOOTBALL LEAGUE

Request for Information

This form must be completed by your Clubs Secretary and witnessed by a Club Official. Please return this form to the Player Registration Secretary -

Please be exact as possible about the information you wish to obtain, ask for advice if you need help filling out this form.

Please complete **ALL** Sections of this form and in **BLOCK CAPITALS**

Name of Requester: _____

Address: _____

Town: _____

Postcode: _____

Contact Number: _____

Other: _____

Email: _____

Club: _____

Position: _____

Player Information Request:

Player Name: _____	DOB: _____
Current Club: _____	League: _____
Player Name: _____	DOB: _____
Current Club: _____	League: _____
Player Name: _____	DOB: _____
Current Club: _____	League: _____

Other Information:

OPTIONAL

The details provided on this form will be used and stored by the Club & League. Data will be stored in compliance with the Data Protection Act 1988 and will not be shared with any other body or organisation without consent.

FOR OFFICE USE ONLY

Players Status: _____

Registration Dates:

ID Number	Registration	Expiry
ID Number	Registration	Expiry
ID Number	Registration	Expiry

Date Information Supplied: _____

29th May 2015 - Issue 04

Date Received