

TFA REGISTRATION FORM

PLAYER INFORMATION

Name:

First Name

Surname

Address:

Street Name / Number

Building / Floor

City & State

E-mail:

Age Group:

U 20

U 18

U 16

U 14

TFA BELS

1999 - 2000

2001-2002

2003-2004

2004-2005

Date of Birth:

DD/ MM/ YY

Grade:

School:

Last Club Or Academy:

(if applicable)

PARENT INFORMATION

Parent Name:

Location:

e-mail:

Mobile: 00 /

KINDLY NOTE THAT A REGISTRATION IS VALID ONLY WHEN ACCOMPAGINED BY A COPY OF THE PLAYER'S PASSPORT

I ACCEPT AND AGREE TO TFA'S TERM & CONDITIONS <http://www.tfauae.com/terms.php>

Parent Signature:

Date:

* 300 AED non refundable Deposit will be collected from all new players at the time of registration