

Southern Region Women's Football League

CERTIFICATE OF CLEARANCE

FROM: NAME OF CLUB

TO: WHOM IT MAY CONCERN We hereby give(Name).....

clearance to play for (Club)..... in the (League).....

on the condition as detailed in the attached guarantee for the repayment of:

A. FINANCIAL COMMITMENT

Please use this space to give a full financial breakdown of this commitment.

.....
.....

B. OTHER LIABILITIES

Please use this space to outline any liabilities appertaining to this player.

.....
.....

C. SHE IS/IS NOT UNDER SUSPENSION (Suspension From To)

D. CUP TIED, WFA CUP YES/NO, COUNTY CUP YES/NO, LEAGUE CUP YES/NO.
(Name of County _____)

E. SHE HAS/HAS NOT COMMITTED OTHER OFFENCE(S) TO THE KNOWLEDGE OF THIS CLUB WHICH HAS NOT BEEN FINALISED.

Please use this space to outline any outstanding offence(s) that have not been finalised, also make sure that a copy of all necessary paper work relating to this offence(s) is passed on to the players' new club.

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SIGNED:-

(Print Name)

CHAIRMAN/SECRETARY/TREASURER

DATE:-