

42nd AYR INTERNATIONAL - SCOTLAND CUP

9 v 9 - FESTIVAL – ROZELLE

SATURDAY 25<sup>TH</sup> & SUNDAY 26<sup>TH</sup> MAY 2019

PLAYER REGISTRATION FORM

TEAM NAME.....

Age Class.....

SYFA ID..... (if applicable)

Number	SYFA Player ID	Players First Name	Surname	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**ALL THE INFORMATION MUST BE COMPLETED IN FULL  
OTHERWISE YOUR PLAYER WILL NOT BE ALLOWED TO PARTICIPATE IN THE FESTIVAL.**

**NOTE: if your team is in membership of the SYFA and the player is registered for your club for this season  
ONLY THE SYFA PLAYER ID Number and NAME ARE REQUIRED.**

**COMPLETED FORMS MUST BE RETURNED BY FRIDAY 17<sup>TH</sup> MAY  
EITHER BY EMAIL OR POST TO  
SCOTLAND CUP, 15 HIGHHOUSE VIEW, AUCHINLECK. KA18 2LD**

**NO REGISTRATION FORMS WILL BE ACCEPTED ON SATURDAY 25<sup>TH</sup> MAY**

Signed: Secretary / Coach.....

Print Name.....

Mobile No .....

Scotland Cup, 15 Highhouse View, Auchinleck, Cumnock. KA18 2LD

