

## SCOTTISH JUNIOR FOOTBALL ASSOCIATION REINSTATEMENT FORM : SENIOR TO JUNIOR

## TO BE COMPLETED BY THE PLAYER

Name			
Address			
 Date of birth /			
Senior club last played for			
Date senior engagement expired	Or is this a temporary transfer a		Yes / No
Have you any infringement standing against you ?		C C	,
If YES, please state nature of infringement			
Name of Junior Clubs for which you have previously r			
SFA ID number (if available)			
Name of Junior Club for which you now seek reinstate			
Do you agree to sign and register for the above club f days ?		if reinstatement is grant	ed within 14
I hereby certify that the above particulars are correct.			
Signed	Date		
TO BE COMPLETED BY JUNIOR CLUB OFFICIAL To : Mr T. A. Johnston, Secretary, SJFA, Hampden P From : Name Address	-		
Club	Dat	e	
Dear Sir,			
Please arrange to reinstate			_to my club
application being granted. Registration Form will be s I ENCLOSE FEE OF £40.00 OR £25 FOR UNDER 19 TOGETHE ADDRESS SUPPLIED.) Signed Email address	ER WITH STAMPED ADDRESSED ENV	Association within the prescr ELOPE FOR REPLY (IF NO CLUE	ibed period. EMAIL
I hereby certify that(address)			, of
has been granted reinstatement by me to participate i	in Scottish Junior Football for Sea	ason and	thereafter.
Reinstatement is granted on the understanding that theF.C. within fourteen days f	ne player will sign and be register rom	-	
This reinstatement will be declared null and void if the	e conditions of reinstatement are r	not complied with.	
For and on behalf of the Scottish Junior Football Asso	ociation.		
Reinstatement fee of £40.00 or £25.00 (Under 19) ha is hereby acknowledged.	s been received from		FC and
Date	Signed		