On The Day Signing-on Form

**To be completed by \*Club registering player**

**Club Name……………………………………………………………**

|  |  |
| --- | --- |
| Players Name (1) |  Players Name (2) |
| Signature of player | Signature of Player |

 **To be completed by Opponents Only**

|  |  |
| --- | --- |
| How many players are you countersigning |  |
| Your full name |  |
| Your Club |  |
| Your position in Club |  |
| Date |  |
| \*Time of countersigning |  |
| Signature |  |

The \*Club registering the player(s) must complete the registration requirements on Whole Game by the Monday of the week following the match for the player not to be treated as ineligible for the match. This form together with ID for the player(s) must be emailed to the Registration Secretary by the Monday following the Match. That way the result sheet on Full Time can be completed correctly by Tuesday following the match as per Rule.