

IFAF
SELF DECLARATION CARD
2015

LAST NAME: _____

FIRST NAME(S): _____

DATE OF BIRTH: _____

NATIONALITY: _____

CLUB TEAM: _____

- *I declare that I have never played for a club affiliated to IFAF or been licensed to play for any IFAF member federation or need to be transferred according rule 7 (Special agreement with USA Football and Football Canada).*
- *I declare I have not held a license for the past two (2) whole calendar years.*

Period which the player has not played due to disciplinary actions or bans will not be counted as a period the player has not held a licence.

During my career I played for:

Team/College/University: _____

Years: _____

Team/College/University: _____

Years: _____

Team/College/University: _____

Years: _____

DATE: _____

PLAYER SIGNATURE: _____

DATE: _____

FEDERATION SIGNATURE AND/OR STAMP: _____ IFAF _____

A copy of this with the receipt of registration payment is to be forwarded to IFAF office once signed by all parties.

Registration fee is 130€ for the year 2015

**Account Name: International Federation of American Football Bank Name: Societe Generale Bank
Address: 159, rue de Sully, 92 100 Boulogne-Billancourt, France IBAN:FR76 30003 03766 00050212470
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