

FORM TO BE COMPLETED BY A WELSH FOOTBALL CLUB DESIRING TO PLAY AN OPEN FRIENDLY MATCH AGAINST A FOOTBALL CLUB FROM ANOTHER COUNTRY.



On behalf of		FC
	play a match against the Football Club sho with our obligations to the Football League ally participate.	
Signed:	SECRETARY	
Date:	ADDRESS:	
	E-MAIL:	
Name of Opponents:		
* Affiliated to:		
Venue:		
Date of Match:		
(* It is essential you ascertain t Football Association of thei	that your opponents are properly affilia r own Country).	ted to the appropriate
	RM SHOULD BE FORWARDED TO TH TION TO WHICH YOU ARE AFFILIAT ENDATION BELOW:-	
I CERTIFY that the		FC
is affiliated for the current seasor above.	n, and that no objection is raised to the Clu	b playing the Match shown
Any Other Remarks:		
Signed:	SECRETARY	
	F	FOOTBALL ASSOCIATION
Date:		
This form should be forwarded Wales, Hensol, Pontyclun CF72	subsequently to Andrew Howard, The 28JY.	e Football Association of

N.B. IT WILL NOT BE IN ORDER FOR THE MATCH TO BE PLAYED UNTIL THE NECESSARY AUTHORISATION HAS BEEN ISSUED BY THE FOOTBALL ASSOCIATION OF WALES.