

**TAUNTON and DISTRICT SATURDAY FOOTBALL LEAGUE  
REINSTATEMENT FORM**

To be sent to the League Registration Secretary.

Date: .....

I .....The Honorary Secretary of .....

Football Club wish to reinstate our player ..... who has

played more than five games in Senior Football for .....

Football Club.

N.B. Not more than 3 Reinstatements per month will be accepted per Club.

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**REINSTATEMENT ACKNOWLEDGEMENT**

To .....Football Club, the reinstatement of your player

..... has been noted and you will be invoiced by the League Secretary.

Signed ..... ( Registration Secretary) Date: .....