



Bermuda Football Association Legends' Scholarships

Confirmation Slip

Name of Applicant: _____

Club (or Bermuda Referees Association)

From: _____ **To :** _____

I certify that the above-named football player was a registered member of our Club (or Bermuda Referees Association) for the period indicated above.

Date: _____

Signature

Printed Name

Club President/Secretary/Coach