



REQUEST FOR PLAYER IDENTIFICATION NUMBER  
FAX: 3420 5944  
EMAIL: [Reception@footballqueensland.com.au](mailto:Reception@footballqueensland.com.au)

Name of Player: \_\_\_\_\_

Previous Club: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Club Requesting \_\_\_\_\_

Name of Official \_\_\_\_\_

Signature \_\_\_\_\_

Please return to \_\_\_\_\_  
Club Fax or email

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FQ Use only

Player Identification Number \_\_\_\_\_