



INDIVIDUAL REGISTRATION

DO NOT USE THIS FORM IF YOU ARE REGISTERING A WHOLE TEAM

JUNIOR INDOOR SOCCER

PLAYER NAME: _____ ID# _____ (assigned by office)

Office use only: Fees Paid _____

Date _____

Invoice No _____

COMPETITION: Mixed U6 Monday U6 Tuesday U7 U8
 Girls Only U11 U14 U17 Yrs
 Boys Only U10 U12 U14 Monday U14 Tuesday U16 Yrs

Photocopy of proof of age required at registration (eg Birth Certificate)

GUARDIAN/PARENT

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Numbers: _____

Email Address: _____

TEAM FORMAT

- Each team must nominate a minimum of :-

7 players side	6 players	5 players
U6, U7 and U8	U10 and U11	U12, U14, U16 and U17

- CBC will endeavour to place this player on an appropriate team. Where this is not achieved, all monies paid will be refunded less postage.
- The above information forms part of the "Conditions of Entry" (SPO-020) and must be COMPLETE and CORRECT.

AGREEMENT

I hereby declare that the above information is complete and correct, that I have read the "Conditions of Entry" and that the player will abide by the rules of the centre and the decisions of the Sports Coordinator.

Signed (Player Guardian/Parent)

Date

NOTES:
