



TEAM REGISTRATION JUNIOR INDOOR SOCCER

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

Office use only: Registration 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)

TEAM COORDINATOR

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Numbers: _____

Email Address: _____

TEAM MEMBERS *(names can be supplied at first game)*

<i>(CBC ID #)</i>	Full Name	Phone No	<i>Office use only Amount Paid</i>
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	
7. _____	_____	_____	
8. _____	_____	_____	
9. _____	_____	_____	
10. _____	_____	_____	

TEAM FORMAT

- Each team must nominate a minimum of :-

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

- 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 team will abide by the rules of the centre and the decisions of the Sports Coordinator.

Signed (Team Coordinator)

Date

----- card details will be destroyed after use -----

CREDIT CARD DETAILS/AUTHORISATION FOR TEAM REGISTRATION of \$40.00

CARD NO _____ EXPIRE ____ / ____