



TEAM REGISTRATION
SENIOR INDOOR SOCCER

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

Office use only: Registration Paid _____ *Date* _____ *Invoice No* _____

COMPETITION: Men's Women's Mixed

TEAM CAPTAIN

Name: _____

Address: _____

Suburb: _____ **Postcode:** _____

Contact Numbers: _____

Email Address: _____

TEAM MEMBERS

	ID #	Full Name	Phone No	Payment Method	
				Full Comp	Weekly
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

TEAM FORMAT

- Each team must nominate a minimum of 5 players
- 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 Captain)

 Date

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

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

CARD NO _____ **EXPIRE** ____ / ____