

Team Nomination Form

TEAM NAME: _____

DAY: _____ Division: _____

FUTSAL: MENS WOMENS



Delegate 1 Details	Delegate 2 Details
NAME:	NAME:
EMAIL:	EMAIL:
PHONE:	PHONE:

TEAM DETAILS				OFFICE USE	
Player Name	PHONE	DOB	SIGNED	PCYC Membership expiry	Competition registration

By signing this form, I agree to abide by PCYC code of conduct, policies, procedures and sports competition rules at all times. Failure to do so may result in termination from the competition with no refunds.