

Team Nomination Form

TEAM NAME: _____

DAY: _____ Division: _____

Summer Soccer COMPETITION TYPE: LADIES

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

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.

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