Team Nomination Form TEAM NAME:____

Senior Mixed Comp

Delegate 1 Details (Captain)	Delegate 2 Details (Co-Captain)		
NAME:	NAME:		
EMAIL:	EMAIL:		
PHONE:	PHONE:		

TEAM DETAILS			OFFICE USE		
Player Name	PHONE	DOB	SIGNED	PCYC Membership expired/renewed	Paid EFT/CASH/AKV

All players must have comp fees paid upfront prior to start of competition. All players must be members of the PCYC. 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.





FUTSAL COMPETITION