Term 4 Senior Sport TEAM REGISTRATION

TEAM NAME:	SPORT:	DAY:	DIVISION:		
NAME	**Email Address**	**Phone**	**SIGNED**	**PCYC Member Number**	**PAID**
1st Delegate					
2nd Delegate					
Player Name	**Email Address**	**Phone**	**SIGNED**	**PCYC Member Number**	**PAID**

Minimum 5 players

$50 per player for 7 weeks of casual games (no comp/no finals)

(Commence approx. from Oct 25th)

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