

RECEIPT No: _____

2009/2010
COFFS HARBOUR CITY UNITED
SUMMER SIX-A-SIDE COMPETITION

OFFICIAL TEAM NOMINATION FORM

(please note: Team registration form and payment must accompany this form)

TEAM NAME		
TEAM	MEN	WOMEN
	MIXED	OVER 35's
	JUNIOR BOYS	JUNIOR GIRLS
CONTACT EMAIL ADDRESS FOR DRAW, RULES.		
CONTACT PERSON		
CONTACT PHONE No		
ALTERNATE PERSON CONTACT		
ALTERNATE PHONE No		
Earliest Game time available if later than 5.30pm		

PAYMENT OF \$80.00 FOR TEAM NOMINATION IS REQUIRED BEFORE TEAM WILL BE ENTERED INTO COMPETITION.

Payment will be refunded if there is insufficient team numbers to run a competition and teams do not wish to compete in another division.