2009/2010 COFFS CITY UNITED SUMMER SIX-A-SIDE COMPETION
TEAM REGISTRATION FORM
ALL PLAYERS MUST SIGN

TEAM NAME:_____

SURNAME (Print)	FIRST NAME (Print)	SIGNATURE	DATE OF BIRTH	Registered in 2009 WINTER competition	CLUB PLAYED WITH IN WINTER 2009	PLAYER REGISTRATION NUMBER	RECEIPT NUMBER
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			