Team Nomination Form

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| **Team Managers:**Please complete this form and email it to the Registrar registrar@northcanberrafutsal.com.au. Team nomination forms must be received by Friday 1 September 2017 to guarantee the team a place in the competition unless the competition fills before that date. |
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| **Team Name:** |  |
| **Age:** |  |
| **Division:** | 1 (One) | 2 (Two) |  |
| **Gender:** | Open | Girls | Mixed Social |
| **Name of Coach:** |  |
| Email: |  |
| Mobile: |  |
| WWVP No: |  |
| **Name of Manager:** |  |
| Email: |  |
| Mobile: |  |
| WWVP No: |  |
| **Player** | **FFA Number** | **First Name** | **Last Name** | **DOB** | **Gender** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |