Team Nomination Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Team Managers:**  Please complete this form and email it to the Registrar [registrar@northcanberrafutsal.com.au](mailto: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. | | | | | |
|
| **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** |  |  |  |  |  |