


FOOTBALL QUEENSLAND FUTSAL				Year:	2017	 FORM DUE BACK: 24th March, 2017	
STATE TITLES TEAM NOMINATION FORM							
Futsal Club:		Comp:		Team Name:			
Colours: Jersey Shorts Socks		Alternate Colours Jersey Shorts Socks				<i>QLD Selection column refers to whether or not the player is available for State Selection - type yes or no</i>	
No.	Player's 1st & Last Name	DOB	FFA Number	Mobile	Postal Address	Email	QLD Selection
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Coach	Name: Email: Phone: Blue Card No.:		Manager	Name: Email: Phone: Blue Card No.:			
Sports Medic	Name: Email: Phone: Blue Card No.:		Other Contact	Name: Email: Phone: Blue Card No.:			
Team Accommodation:		Accommodation Phone #					
Regional Coordinator Nominated Person Declaration Regions are required to verify that all dates of birth have been certified as correct for all participants.							
Region Rep:			Date of Certification:			Email:	
Signature:							
TNF PAID			Date of Payment:			Receipt Number	