Team Nomination For CQ Futsal Club- Winter/Social 2017

TEAM NAME:	
DIVISION:	

TEAM COLOURS -	SHIRT:	SHORTS:	SOCKS:
TEAM CO-ORDINATOR:		BLUE CARD NO: **(Juniors Only)**	
ADDRESS:			
MOBILE:	HOME:	WORK:	EMAIL:
ALTERNATE CONTACT:			
MOBILE:	HOME:	WORK:	EMAIL:

Players:

NAME	ADDRESS	Date Of Birth	HOME PHONE	MOBILE	EMAIL

I agree that I and my team will abide by the Football Central Queensland By Laws and Code of Conduct.	Name:		
	Signed:		

CQ Futsal Club Rockhampton
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