



Team Nomination For CQ Futsal Club- Summer Competitive 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

Contact: Chantal Caird Phone : 0427 340 501

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