


FOOTBALL QUEENSLAND FUTSAL STATE TITLES TEAM NOMINATION FORM					Year:	2018	 <p>FORM DUE BACK: 9th March, 2018</p> <p><i>QLD Selection</i> column refers to whether or not the player is available for State Selection - type yes or no</p>
Futsal Club:		Comp:		Team Name:			
Colours: Jersey Shorts Socks		Alternate Colours Jersey Shorts Socks					
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	