



Eurobodalla Junior Summer Soccer 2018

Team Registration for Summer Competition

Send this completed form to YouthSummerEFA@gmail.com to receive more information

Age Group (Circle appropriate)

u 12 / u 14

Team Name _____

Contact Name _____

Preferred Team Colour * _____

Contact Mobile _____

Contact Email _____

No	Player First Name and Surname	Sex (M / F)	DOB	Winter Soccer Team 2017	School
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

We need a number of contacts to advise if the games are rained out or if there's change to the draw etc - we want to contact your team but not just leave it for one person to have the job of letting everyone know. Please supply extra contacts. We like to use facebook or messenger to send group communications and encourage all contacts to join Eurobodalla Summer Soccer on Facebook.

	Name	Mobile	Email
2nd Contact			
3rd Contact			