

# SUMMER 5-A-SIDE

## TEAM NOMINATION

Team Name	
Age Group	
Manager Name	
Email	
Phone	

### PLAYER NAMES

	FIRST	SURNAME	Registered
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

### PREFERRED DATE (Monday/Wednesday) / NOTES

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On completion form to be sent to [mosman5aside@gmail.com](mailto:mosman5aside@gmail.com)