

SUMMER 5-A-SIDE

TEAM NOMINATION

Team Name		
Age Group		
Manager Name		
Email/Phone		
Team Playing	Oct-Dec	Oct-Dec + Feb-Mar

PLAYER NAMES

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

PREFERRED DATE (Monday/Wednesday) / NOTES

--

On completion form to be sent to mosman5aside@gmail.com