

LITHGOW SEVENS CARNIVAL TEAM NOMINATION FORM

CLUB NAME:	
AGE GROUP:	
TEAM NAME:	
ADDRESS:	

EMAIL	
<i>Please print your email address clearly including correct upper & lower case</i>	

COACH:		MOBILE:	
MANAGER:		MOBILE:	

	PLAYERS NAME	FFA#	If Playing Players from another Team from your Club, please print Team Name Here.
1		/	
2		/	
3		/	
4		/	
5		/	
6		/	
7		/	
8		/	
9		/	
10		/	

Carnival Office Use ONLY

Date received:

Payment:	
Cheque:	
Cash:	

Approved: