

## LITHGOW SEVENS CARNIVAL TEAM NOMINATION FORM

<b>CLUB NAME:</b>	
<b>AGE GROUP:</b>	
<b>TEAM NAME:</b>	
<b>ADDRESS:</b>	

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

<b>COACH:</b>		<b>MOBILE:</b>	
<b>MANAGER:</b>		<b>MOBILE:</b>	

	PLAYERS NAME:	DOB:	FFA#
1			/
2			/
3			/
4			/
5			/
6			/
7			/
8			/
9			/
10			/

CARNIVAL OFFICE USE ONLY	
<i>Entered for Carnival in Play Football System</i>	DATE ENTERED:

*Carnival Office Use ONLY*

Date received:

Payment:	
<i>Cheque:</i>	
<i>Cash:</i>	
<i>EFT:</i>	

Approved: