

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: | DOB: | FFA# |
|----|---------------|------|------|
| 1 | | | / |
| 2 | | | / |
| 3 | | | / |
| 4 | | | / |
| 5 | | | / |
| 6 | | | / |
| 7 | | | / |
| 8 | | | / |
| 9 | | | / |
| 10 | | | / |

| <i>CARNIVAL OFFICE USE ONLY</i> | |
|---|----------------------|
| <i>Entered for Carnival in Play Football System</i> | <i>DATE ENTERED:</i> |
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Please make sure the Coach, Manager & All Players Listed Register for our Carnival in The Play Football System. Instructions on page 1 of Invitation.

Carnival Office Use ONLY

| <i>Date received:</i> |
|-----------------------|
| |

| <i>Payment:</i> | |
|-----------------|--|
| <i>EFT:</i> | |
| <i>Cash:</i> | |
| | |

| <i>Approved:</i> |
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