LITHGOW SEVENS CARNIVAL U/4 TO U/16 TEAM NOMINATION FORM

CLUB NA	M	E:																							
AGE GRO)U	P:																							
TEAM NA	M	E:																							
ADDRESS	5:																								
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EMAIL																									
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Please print your email address clearly including correct upper & lower case

COACH:	MOBILE:	
MANAGER:	MOBILE:	

							CARNIVAL OFI	FICE USE ONLY
	PLAYERS NAME:	DOB:	F	FA	#		Entered for Carnival in Play Football System	DATE ENTERED:
1				/				
2				/				
3				/				
4				/				
5				/				
6				/				
7				/				
8				/				
9				/				
10				/				
11				/				
12				/]		

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

Date received:	

Payment:										
Cheque:										
Cash:										
EFT:										

Approved: