## LITHGOW SEVENS CARNIVAL U/6 TO U/12 TEAM NOMINATION FORM

CLUB NAME:	
AGE GROUP:	
TEAM NAME:	
ADDRESS:	

EMAIL 

Please print your email address clearly including correct upper & lower case

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

	PLAYERS NAME:	DOB:	FFA#		CARNIVAL OFFICE USE ONLY		
					Entered for Carnival in Play Football System	DATE ENTERED:	
1				/			
2				/			
3				/			
4				/			
5				/			
6				/			
7				/			
8				/			
9				/			
10				/			

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:	Approved:
	Cheque:	
	Cash:	
	EFT:	