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

CLUB NAME:	
AGE GROUP:	
TEAM NAME:	
ADDRESS:	

EMAIL																														

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

COACH:		**MOBILE:**	
MANAGER:		**MOBILE:**	

	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				/			
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: