

METRO SOUTH JUNIOR FOOTBALL LEAGUE INC.

Club Office Bearers Form

THIS FORM MUST BE COMPLETED IN FULL: Please complete this form using neat block printing with a black or blue pen.

CLUB NAME: _____

PRESIDENT:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile: _____

VICE PRESIDENT:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile: _____

SECRETARY:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile: _____

Email: _____

METRO SOUTH JUNIOR FOOTBALL LEAGUE INC.

Club Office Bearers Form

TREASURER:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile: _____

FOOTBALL DIRECTOR:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile: _____

Email: _____

DELEGATE 1:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile: _____

Email: _____

METRO SOUTH JUNIOR FOOTBALL LEAGUE INC.

Club Office Bearers Form

DELEGATE 2:

Name: _____

Address: _____

Postcode: _____

Business: _____

Home: _____

Mobile:

Mobile: _____

Email: _____

REGISTRAR:

Name: _____

Address: _____

Postcode: _____

Business:

Home:

Mobile:

Email:

NOTES: