



SENIOR TEAM REGISTRATION FORM

This form must be received by BOP Secretary by- 5pm Tuesday 12th November 2013
BOP Secretary boptouch@windowslive.com Fax: 07 552-6489

AFFILIATED MODULE _____ MODULE CONTACT PERSON _____ PHONE _____

GRADE _____ TEAM NAME (IF APPLICABLE) _____

Shirt Number	First Name	Last Name	M/F	Date of Birth	Email	Phone	Available for Selection Y/N	Cross Selection Grade
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

Declaration: We, coach & manager, confirm that the information on this form is true & correct & that all players are eligible to participate in this grade. We have informed all players that image & photographs taken of them during the trials may be used for promotional & marketing activities.

COACH: _____ PHONE _____ EMAIL _____

MANAGER: _____ PHONE _____ EMAIL _____

*there will no be CROSS SELECTIONS unless the module does not have a team in that grade. Please indicate clearly which players will need to be cross selected and for which team.