


FOOTBALL QUEENSLAND FUTSAL STATE TITLES TEAM NOMINATION FORM					Year:	2021	
Futsal Club:		Comp:		Team Name:			
Colours:	Jersey Shorts Socks	Alternate Colours	Jersey Shorts Socks				
Please Use Arial as the Font and 10 as Font size for filling in this form							FORM DUE BACK: 10th September, 2021 <i>QLD Selection column refers to whether or not the player is available for State Selection - type yes or no</i>
No.	Player's 1st & Last Name	DOB	FFA Number	Mobile	Email	QLD Selection	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Coach	Name: Email: Phone: Blue Card No.:		Manager	Name: Email: Phone: Blue Card No.:			
Sports Medic	Name: Email: Phone: Blue Card No.:		Other Contact	Name: Email: Phone: Blue Card No.:			
Regional/ Club Coordinator Nominated Person Declaration							
Regions are required to verify that all dates of birth have been certified as correct for all participants.							
NAME:		Date of Certification:		Email:			
Signature:							
TNF PAID		Date of Payment:		Receipt Number			