



Office Use Only:
Day: _____

Competition: _____

Summer 6's competition – Team Registration Form

Team Name..... Tenambit Sharks FC Inc. PO BOX 474 EAST MAITLAND 2323
 Contact person..... Email Address.....
 Phone Number..... Division Applying for..... Team Playing Strip COLOUR..... (Date received/...../ 2015 office use)

**** All registration & game fees money are to be paid when submitting the team registration form NO exceptions**

<u>Paid ?</u>	Rego only Amount Paid	Players Name	Players Age this year 2015	Players Date of Birth	Which club are you registered with for the winter season	Players Address	FFA registration number	Are you registering with another team <u>Team name</u>	Extra Team Fee Amount \$5.00 PerTeam

Total Rego Cost \$.....Receipt number:Date:...../...../ 2015 Tenambit Sharks FC Club Contact: Corey Solomons – 0456 064 541

Mondays Divisions
All Age Men

Wednesdays Divisions
Junior 12/13, 14/15/16
Mixed

Winter competition registered players only