



## TEAM NOMINATION

**Nominated Team Name:**

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**Team Age Division:**

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**Team Contact:**

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**Postal Address:**

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**Contact Details:**

**Phone:**

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**Mobile:**

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**Email:**

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*For your place in the competition to be confirmed, you must ensure that the minimum number of players (8) are registered by competition start.*

### **Entrant Declaration:**

In signing this form I agree to comply with the rules and regulations of Canterbury Soccer Sixes and the CDSFA. I understand that this nomination requires a non-refundable \$200 administration fee for my team entry into the competition.

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**Signature**

**Printed Name**

**Date**

*This form must be returned to Canterbury Soccer Sixes by 26 August 2011.  
Please make all cheques payable to New Age Retail Concepts Pty Ltd.*

Canterbury Soccer Sixes  
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Email: canterburysoccersixes@bigpond.com  
Web: www.canterburysoccersixes.com.au