



TEAM NOMINATION

Nominated Team Name:

Team Age Division:

Team Contact:

Postal Address:

Contact Details:

Phone:

Mobile:

Email:

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.

/ /

Signature

Printed Name

Date

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