



GOLD COAST OVER 35 SOCCER

TEAM NOMINATION FORM

DATE: _____	TEAM NAME: _____ SHIRTS _____ SHORTS _____
COLOURS: _____ / _____	
TEAM LEADER / ORGANISER: _____	
ADDRESS: _____	
EMAIL: _____	
PHONE NUMBERS	
HOME: _____	BUSINESS: _____
MOBILE: _____	

ALL TEAMS ARE REQUIRED TO SUBMIT THIS FORM AND A DEPOSIT (\$100 FOR EXISTING TEAMS AND \$500 FOR NEW TEAMS) BY THE 13/01/12 TO ENABLE THE COMMITTEE TO ACCEPT NEW TEAMS AND TO SET UP THE DRAW FOR THE MAIN COMPETITION STARTING ON THE 20/02/2012. EXISTING TEAMS TAKE PREFERENCE OVER NEW TEAMS IF NO MORE VENUES ARE AVAILABLE.

NOTE: PLEASE LIST YOUR PLAYERS

	NAME	PHONE
1		
2		
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15		

NB ALL PLAYERS **MUST** BE PAID UP **BEFORE** PLAYING

FOR MORE INFORMATION PHONE NICO ON 55379413

