

Ladies Soccer Nomination Form

Unit G/22 College St, Gladesville
Ph: 9816-5844 Fax: 9817-1391
Email : Karen@playdays.com.au

Team Name: _____

Captain: _____

Address: _____

Phone: (H) _____

(W) _____

(M) _____

Email: _____

5.15	5.45	6.15	6.45	7.15

*Please number each time preferences with 1 through to 7.
1 being most preferred time and 7 being least preferred time.
Please ensure you number each box.*

I hereby agree on behalf on myself and my team members to accept and play by the rules as advised and to conduct ourselves as fair and decent sports people for the duration of the soccer competition. We also agree to pay a forfeit fee of \$120.00 should our team fail to play any scheduled game.

ON BEHALF OF THE ABOVE NAMED TEAM

SIGNED CAPTAIN _____

DATE _____