FUTSAL PLAYER NOMINATION FORM

This form is an application to nominate a social sports team at Port Lincoln Leisure Centre. Full payment must accompany this form.

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| **Association/Venue:** Port Lincoln Leisure Centre YMCA **Season:** Term 4 2018  **Registration Fee:**  Player $10 + $8 per game per player **E-mail:**  Cherie.doudle@ymca.org.au |
| **Section 1: Player Information**  Name: DOB: Age: |
| **Section 2: Parent/Guardian Contacts**  First Name:  Surname:  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suburb/Town:  Post Code:  Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone:  Email (This is our primary method of contact):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Section 3: Declaration and Signature**  I declare that the information provided by me on this form is true and correct.  Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |
| **Office use only Date Received: \_\_\_ / \_\_\_ / \_\_\_**  **Paid: 🞏** |