

South Burnett Futsal Club Inc - TEAM NOMINATION FORM						
Team Name:					Age Group:	
Team Contact:		Phone:		Email:		
Address:						
2nd Contact:		Phone:		Email:		
#	Player Name	Address	P/Code	Phone	D.O.B.	Email
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<p>I certify the information about date of birth is correct.I acknowledge that false or incorrect information may result in forfeiture of games, removal of the team from the competitionand/or suspension of the team and/or coach from future participation.</p> <p>Coaches/Team Contact must complete and sign this form before team will be allowed to participate in the league.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Coach/Team Contact Name: Signature: Date: </div>						