



FOOTBALL QUEENSLAND FUTSAL - COMPETITION REGISTRATION - TEAM NOMINATION FORM



CLUB	WESTERN SPIRIT FC
VENUE	Inala PCYC 37 Swallow St, Inala

If you have any questions, please contact:
Jan Christensen - 0414 661 911
enquiries@spiritfc.com.au

TEAM NAME	Shirt Colour	Short Colour	Sock Colour				
AGE GROUP	PREFERED DIVISION TOP MID BOTTOM SOCIAL						
PREFERED DAY	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>

#	Given Name	Surname	Address	Suburb	Post Code	Email	Mobile No	DOB
1								
2								
3								
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11								
12								
13								
14								
15								

Team Contact Name:	Email	Mobile no
Blue Card No:	Address	Alt No
Alt. Team Contact Name:	Email	Mobile No
Blue Card No:	Address	Alt No

NOTES:	PAID
Please email completed Team Nomination Form to: enquiries@spiritfc.com.au	RECEIPT NO

Team Registration Costs must be paid before Team Nominations are accepted -

Please note that by registering in a Football Queensland Competition you agree to abide by the Code of Conduct, FIFA Futsal Laws of the Game and directives by the Club or Football Queensland