**TEAM REGISTRATION FORM**

Please complete **ALL** of the registration details below and bring this form to the Registration Desk in the Football Centre pavilion on the day of the tournament to register your team.

Registration times for teams are **17:30** for the **6-A-Side** Tournament on Friday Night; and **09:30** for the Saturday and Sunday Tournament.

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| --- | --- | --- | --- |
| **Team Name**  |  | **Age Group**  |  |
| **Managers Name**  |  | **Managers Mobile Phone No.**  |  |

|  |  |
| --- | --- |
| **No.** | **Player Name**  |
| 1 |   |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
| 6 |   |
| 7 |   |
| 8 |   |
| 9 |   |
| 10 |   |
| 11 |   |
| 12 |   |
| 13 |   |
| 14 |   |
| 15 |   |
| 16 |   |



