



Team Nomination For CQ Futsal Club- Summer 2016-2017

TEAM NAME:

DIVISION:

TEAM COLOURS -

SHIRT:

SHORTS:

SOCKS:

TEAM CO-ORDINATOR:

BLUE CARD NO: (Juniors Only)

ADDRESS:

MOBILE:

HOME:

WORK:

EMAIL:

ALTERNATE CONTACT:

MOBILE:

HOME:

WORK:

EMAIL:

Players:

NAME	ADDRESS	Date Of Birth	HOME PHONE	MOBILE	EMAIL

I agree that I and my team will abide by the Football Central Queensland By Laws and Code of Conduct.

Name:

Signed:

**CQ Futsal Club
Rockhampton**

Contact: Chantal Caird Phone : 0427 340 501 Website: www.footballcq.com.au