



Registration Form

Year: _____

Club: _____ **Venue:** _____

Proposed Teams:

Supers (>35)	Masters (>40)	Seniors (>47)	Veterans (>52)

President

Name: _____.

Mobile: _____.

Email: _____.

Treasure

Name: _____.

Mobile: _____.

Email: _____.

Delegate

Name: _____.

Mobile: _____.

Email: _____.

Head Coach

Name: _____.

Mobile: _____.

Email: _____.