



# GOLD COAST OVER35 SOCCER

## TEAM NOMINATION FORM

DATE: _____	SEASON: _____
TEAM NAME: _____	
COLOURS: SHIRTS _____ / SHORTS _____	
TEAM LEADER / ORGANISER : _____	
EMAIL: _____	
PHONE NUMBER/S: _____	

ALL TEAM LEADERS ARE REQUIRED TO SUBMIT THIS FORM AND VERIFICATION OF YOUR TEAM ENTRY [TRYBOOKING RECEIPT PAID BY 31/01/2013] TO THE GAME REGISTRAR PRIOR TO FIRST GAME COMPETITION STARTING ON THE 18/02/2013.

**PLEASE NOTE:**

EXISTING TEAMS TAKE PREFERENCE OVER NEW TEAMS IF NO MORE VENUES ARE AVAILABLE.

**YOUR PLAYERS MUST BE LISTED BELOW:**

	NAME	PHONE	Single or Dual signed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**NOTE: ALL PLAYERS MUST BE PAID UP BEFORE PLAYING**