

# NORTHERN NSW SCHOOL FUTSAL CHAMPIONSHIPS

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TEAM ENTRY FORM (to be completed for **each** team photocopy as needed)

SCHOOL NAME:

CONTACT NAME:

CONTACT PHONE:

CONTACT EMAIL:

REGION (tick one)

CENTRAL COAST	<input type="checkbox"/>	HUNTER VALLEY	<input type="checkbox"/>	LAKE MACQUARIE	<input type="checkbox"/>	NEWCASTLE	<input type="checkbox"/>
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(tick one)

PRIMARY SCHOOL	<input type="checkbox"/>	SECONDARY SCHOOL	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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AGE GROUP

10

12

14

16

OPEN

PLAYER DETAILS

NUMBER	FIRST NAME	SURNAME	DOB	EMAIL

I confirm that the above players are all current students of this school and are eligible for the indicated age group.

Closing date for tournament is ONE week before the date of the tournament. Numbers are limited so please get your team in early to avoid disappointment.

Principal / Coaches Signature