

Contact Details

| | | | |
|---|--|---------------------|--|
| Team Name: | | # of players | |
| Team Managers Name (18yrs +) | | | |
| Address | | P/Code | |
| Home # (essential) | | Mobile # | |
| Email Address (essential) | | | |
| Medical condition /any other circum stances of player (please detail or attach): | | | |
| | | | |

Competition/ Team Preferences

We are a Girls Team Boys Team Mixed Team

My team has 9yrs & Under 11yrs & Under 13yrs & Under 14yrs & Over

The best location for us is Chelmer (Monday)
 Mitchelton (Thursday)

We have played touch before Yes No

If yes, I rate myself (please circle) Fantastic **1** **2** **3** **4** **5** Not very good

Credit Card Payment

Name on Card: _____

Number: _____

Credit card type: Visa M'Card Amex + 7% process fee

Credit card Expiry: ___ / ___

Total amount: \$_____

Or pay via: EFT Cheque/Money Order Cash (office)

I, _____ hereby nominate _____ to play in the **Term 2 2012** Season of City Kidz. I acknowledge the competition rules & procedures and accept all decisions made by City Kidz and its governing organization City Touch in relation to them. Further, by signing this agreement I (as the Guardian) am entering into a binding agreement for the entire length of the season and I am responsible for this nomination and the related fees payable for the season.

SIGNED _____

DATE _____