



TEAM REGISTRATION FORM

6 A Side 2017

TEAM DETAILS

Club or Team Name :	
Team Level & Age:	
Team Contact Email Address:	

TEAM OFFICIALS

Position	Name	Mobile Number
Coach:		
Ass Coach:		
Manager:		

PLAYERS NAMES <small>MAX 12 PLAYERS</small>	DOB	FFA #	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Logan Lightning FC Inc is not responsible for any injuries caused during this tournament; Logan Lightning FC Inc is also not responsible for the loss or damage of private property before, after and during this tournament.
 This is a friendly football competition, adequate insurance is not available for this event and all participants will be playing at their own risk and we recommend you have adequate private health cover.

Team Official's Signature: _____

Team Official Name: _____ **Date:** _____