TEAM REGISTRATION - WINTER 2018 - CABOOLTURE

TEAM ..... GRADE: .....

CSSA OFFICE USE:	Receipt No	Amount
TEAM NOMINATION:	.....	.....
½ GAME FEES:	.....	.....
½ GAME FEES:	.....	.....

MEMBERS NAME (Coach / Scorer/ Manager to be included)	DATE OF BIRTH	WINTER or SUMMER REG. Circle response	SportsTG REFERENCE NO:	DOUBLE or CROSS REG.	ASSOCIATION				DATE RECEIVED PERMIT OR TRANSFER	DATE CSSA RECEIVED PAYMENT	DATE OF PAYMENT TO SQI
					CABOOLTURE	PERMIT	TRANSFER	INTER-CLUB TRANSFER	CSSA OFFICE USE		
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For INSURANCE PURPOSES, please ensure that your TEAM OFFICIALS (eg: Coach, Scorer or Manager be included on this Team Registration)