

# TEAM REGISTRATION - WINTER 2020 - 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	DOUBLE or CROSS REG.	ASSOCIATION				DATE RECEIVED PERMIT OR TRANSFER	DATE CSSA RECEIVED PAYMENT	DATE OF PAYMENT TO SQI
SURNAME	CHRISTIAN NAME				CABOOLTURE	PERMIT	TRANSFER	INTER-CLUB TRANSFER			
		/ /	W / S								
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<b>Coach:</b>		BLUE CARD EXPIRY DATE::		W / S							
<b>Manager:</b>		BLUE CARD EXPIRY DATE:		W / S							
<b>Scorer:</b>		BLUE CARD EXPIRY DATE::		W / S							

**For INSURANCE PURPOSES & BLUE CARD SCREENING please ensure that your TEAM OFFICIALS are listed.**