# TEAM REGISTRATION - WINTER 2022 - CABOOLTURE

CSSA OFFICE USE: Receipt No Amount

TEAM NOMINATION: ..... ..... .....

½ GAME FEES: ..... ..... .....

½ GAME FEES: ..... ..... .....

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

| MEMBERS NAME (Coach / Scorer/ Manager to be included) SURNAME CHRISTIAN NAME | 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 |
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| | | | | CABOOLTURE | PERMIT | TRANSFER | INTER-CLUB TRANSFER | CSSA OFFICE USE | | |
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| **Coach:** BLUE CARD EXPIRY DATE:: | | W / S | | | | | | | | |
| **Manager:** BLUE CARD EXPIRY DATE: | | W / S | | | | | | | | |
| **Scorer:** BLUE CARD EXPIRY DATE:: | | W / S | | | | | | | | |

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