



**Caroline Springs/ Greenvale
REGISTRATION FORM**

Phone: 0409 556 505

<input type="checkbox"/> Senior Men <input type="checkbox"/> Senior Women <input type="checkbox"/> Veterans (over 35)	<p style="text-align: center;">Juniors</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> U/10</div> <div style="text-align: center;"><input type="checkbox"/> U/12</div> <div style="text-align: center;"><input type="checkbox"/> U/14</div> <div style="text-align: center;"><input type="checkbox"/> U/16</div> <div style="text-align: center;"><input type="checkbox"/> Youth</div> </div>
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Tick appropriate box

Team Name _____

Captain Name: _____

Address: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Player registration fees, 1 passport size photo with a copy of birth certificate/passport or drivers license to be supplied in order for each player to take part

THURSDAY		SUNDAY	
U16 & Youth	5.00pm – 7.00pm	U/10, U/12 & U14	12.00pm – 6.00pm
Men	7.30pm – 10.30pm	Men	1.00pm – 8.00pm
Ladies	7.30pm – 10.30pm	Veterans	3.00pm – 8.00pm

Website: www.australianfutsalgroup.com.au

PLAYER REGISTRATION FORM

NAME	ADDRESS	I. D.	D.O.B.	PHONE
	POSTCODE Email:			H
				W
				M
	POSTCODE Email:			H
				W
				M
	POSTCODE Email:			H
				W
				M
	POSTCODE Email:			H
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				M
	POSTCODE Email:			H
				W
				M

ALL FIELDS MUST BE FILLED