



TEAM NOMINATION for SENIOR COMPETITION 2010

CLUB: _____ TEAM NAME: _____ Division _____

Club co-ordinator/manager/ contact _____

Ph: _____ Mobile: _____ E-Mail _____

Shirt	Full name	Phone	SCCFA Reg No
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Please Attach:

- (i) Completed **SCCF REGISTRATION IDENTITY CARD** with 2 passport photos for each **NEW** player
- (ii) Signed **INSURANCE/INDEMNITY** form for **EVERY** listed player
- (iii) Team Registration & Insurance fee **\$TBA**

Signed (manager/co-ordinator)