SUNSHINE COAST
CHURCHES SOCCER ASSN

Summer Comp Team Nomination Form

Team Name _____

Shirt Colour _____

Age Group *U09/U10 – U11/U12 – U13/U14 – U15/16*

(Please Circle One) *Men's A– Men's B - Ladies - Mixed*

Contact: _____

Phone: _____

Mobile: _____

Email: _____

First Name	Surname Name	Date of Birth