



Friday 1<sup>st</sup> June - Saturday 2<sup>nd</sup> June 2012

## REGISTRATION FORM

Team's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**All teams must supply a qualified referee for the competition:**

Referee Name: \_\_\_\_\_ Badge Level: \_\_\_\_\_

Please Nominate the appropriate division with a tick:

U17   
  Men's (Open)   
  Women's (Open)   
  Mixed (Open)   
  Mixed (Senor)   
  Masters (Over 35)

Name	Date of Birth	Signature	Rep Player
1. _____	___/___/___	_____	<input type="checkbox"/>
2. _____	___/___/___	_____	<input type="checkbox"/>
3. _____	___/___/___	_____	<input type="checkbox"/>
4. _____	___/___/___	_____	<input type="checkbox"/>
5. _____	___/___/___	_____	<input type="checkbox"/>
6. _____	___/___/___	_____	<input type="checkbox"/>
7. _____	___/___/___	_____	<input type="checkbox"/>
8. _____	___/___/___	_____	<input type="checkbox"/>
9. _____	___/___/___	_____	<input type="checkbox"/>
10. _____	___/___/___	_____	<input type="checkbox"/>
11. _____	___/___/___	_____	<input type="checkbox"/>
12. _____	___/___/___	_____	<input type="checkbox"/>
13. _____	___/___/___	_____	<input type="checkbox"/>
14. _____	___/___/___	_____	<input type="checkbox"/>

**# All players and Officials are required to complete an individual registration form (attached - copy as required)**

**NOMINATIONS CLOSE THURSDAY 17 MAY 2012.**

All players and officials competing in the carnival will be covered by sports coverage insurance.

All payments must be paid when submitting the registration form.

**Nomination Fee:  
\$500.00 per team**

**Post or Email Registration Forms to:**  
 GP Links Wide Bay  
 Po Box 702, Hervey Bay Q 4655  
 or email: [jcorowa@links.org.au](mailto:jcorowa@links.org.au)  
 Enquiries to: Ardy Muckan 0439704366

