


FOOTBALL QUEENSLAND FUTSAL STATE TITLES TEAM NOMINATION FORM					Year:	2016		
Futsal Club:		Comp:	Team Name:		FORM DUE BACK: 4th March, 2016			
Colours:	Jersey Shorts Socks		Alternate Colours	Jersey Shorts Socks	<i>QLD Selection</i> column refers to whether or not the player is available for State Selection - type yes or no			
No.	Player's 1st & Last Name	DOB	FFA Number	Mobile	Postal Address	Email	QLD Selection	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
Coach	Name: Email: Phone: Blue Card No.:	Manager	Name: Email: Phone: Blue Card No.:					
Sports Medic	Name: Email: Phone: Blue Card No.:	Other Contact	Name: Email: Phone: Blue Card No.:					
Team Accommodation:		Accommodation Phone #						
Regional Coordinator Nominated Person Declaration								
Regions are required to verify that all dates of birth have been certified as correct for all participants.								
Region Rep:		Date of Certification:		Email:				
Signature:								
TNF PAID		Date of Payment:		Receipt Number				