

SOUTHERN REGIONAL STATE FUTSAL – TRIAL REGISTRATION FORM

Surname:		First Name:	FFA Number:
Date of Birth:		Email Address:	
Address:			
Telephone:	Home:	Mobile:	
2016/17 FQ FUTSAL Club or Association			
Age Group :		<p><i>A participant's age group is determined by their age as at 31 December 2016.</i></p> <p> <input type="checkbox"/> 12 Boys – Born 2004 <input type="checkbox"/> 13 Boys – Born 2003 <input type="checkbox"/> 14 Boys – Born 2002 <input type="checkbox"/> 15 Boys – Born 2001 <input type="checkbox"/> 16 Boys – Born 2000 <input type="checkbox"/> 15 Girls – Born 2001 & 2002 <input type="checkbox"/> 17 Girls – Born 1999 & 2000 </p>	
Emergency Contacts (if different to listing above)			
Name:			
Telephone	Home:	Mobile:	

FUTSAL REPRESENTATIVE PLAYER TRIALS – Registration Form

Please complete and return form to Jim Cairney to arrive by **Friday 7th October - 5pm**
 Email: admin@bundabergfutsal.com