


FOOTBALL QUEENSLAND FUTSAL STATE TITLES TEAM NOMINATION FORM					Year:	2020
Futsal Club:		Comp:		Team Name:		
Colours: Jersey Shorts Socks		Alternate Colours Jersey Shorts Socks				
Please Use Arial as the Font and 10 as Font size for filling in this form						 <b>FOOTBALL QUEENSLAND</b> <b>FORM DUE BACK: 20th March, 2020</b> <i>QLD Selection column refers to whether or not the player is available for State Selection - type yes or no</i>
No.	Player's 1st & Last Name	DOB	FFA Number	Mobile	Email	QLD Selection
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
<b>Coach</b>	Name: Email: Phone: Blue Card No.:		<b>Manager</b>	Name: Email: Phone: Blue Card No.:		
<b>Sports Medic</b>	Name: Email: Phone: Blue Card No.:		<b>Other Contact</b>	Name: Email: Phone: Blue Card No.:		
<b>Regional/ Club Coordinator Nominated Person Declaration</b>						
Regions are required to verify that all dates of birth have been certified as correct for all participants.						
NAME:			Date of Certification:		Email:	
Signature:						
TNF PAID			Date of Payment:		Receipt Number	