

EFATE WOMEN'S FOOTBALL 7ASIDE TOURNAMENT

TEAM REGISTRATION FORM

TEAM NAME :

ASSOCIATION:

AGE GROUP

TEAM COLOURS

OFFICIAL DETAILS	NAMES	PHONE No,	EMAILS
TEAM MANAGER :			
COACH:			
TEAM REFEREE:			

PLAYERS DETAILS

PLAYER'S FULL NAMES				DATE OF BIRTH	PLACE OF BIRTH	AGE	TICK IF NR
FIRST NAME	SURNAME						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PLEASE RETURN COMPLETED FORM TO MARGREATTE IATI - (VFF WOMEN'S Development Officer) AT VFF HAUS OR EMAIL mackyiati27@gmail.com

REGISTRATION CLOSE 05/08/2023