



TEAM REGISTRATION FORM

Please write/type in CAPITAL LETTERS

TEAM NAME	
TEAM COLOURS	
TEAM MANAGERS NAME	
E-MAIL	
PHONE	
CATEGORY	11 A SIDE <input type="checkbox"/>
	8 A SIDE <input type="checkbox"/>
	6 A SIDE <input type="checkbox"/>
LEAGUE/TOURNAMENT	OPEN <input type="checkbox"/>
	SENIORS <input type="checkbox"/>
	LADIES <input type="checkbox"/>
	YOUTHS <input type="checkbox"/>
	CORPORATE <input type="checkbox"/>
COMMENTS / QUESTIONS	
CONDITION OF ENTRY	
We agree to abide by all WFS Rules & Regulations and the Code of Conduct <input type="checkbox"/>	