

NOMINATION FORM



JUNIOR INDOOR SOCCER

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Phone- 5495 5570 CABOOLTURE INDOOR SPORTS CENTRE Fax- 5495 5366
82 Lear Jet Drive, Caboolture

FRIDAY AFTERNOON JUNIORS
Autumn Season 2012
Sign-On: Friday 9th March

Team Name: _____

Captain: _____ **Phone:** (H) _____ (W) _____

Grade: _____

TEAM MEMBERS (if known)

<u>NAME</u>	<u>AGE</u>	<u>PHONE</u>
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Captain's Comments:

PLEASE NOTE

This Centre now provides Participant Insurance for All Players.
For full details, please see centre notice boards or visit our website
www.cisc.net.au

Captains Signature: _____

TEAM CAPTAINS MUST PASS ON TO ALL TEAM MEMBERS INFORMATION REGARDING LOCAL RULES, CONDITIONS & WARNINGS!!!