

NOMINATION FORM



INDOOR SOCCER

www.cisc.net.au

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

**SUMMER SEASON 2010
STARTS - Friday 17th September**

Team Name: _____

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

Grade: (Mens/Ladies/Mixed) _____

TEAM MEMBERS (if known)

<u>NAME</u>	<u>ADDRESS</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!!!