

NOMINATION FORM



INDOOR SOCCER

www.cisc.net.au

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

AUTUMN SEASON - 2012
STARTS - Friday 17th February

Team Name: _____

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

Grade: (Mens/Mixed) _____

TEAM MEMBERS (if known)

NAME

ADDRESS

PHONE

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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!!!