



LUCSC

5 A-Side Nomination Form

TEAM NAME:		DATE:	
		AGE GROUP	

TEAM SHIRT COLOUR		TEAM SHORTS COLOUR	
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TEAM CONTACT (So Game Details can be advised).			
NAME:		PHONE:	
EMAIL:		MOBILE:	
Back-up TEAM CONTACT			
NAME:		PHONE:	
EMAIL:		MOBILE:	

#	PLAYERS NAME	Date of Birth	QCSA Registered
1			
2			
3			
4			
5			
6			
7			
8			
9			

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