

NSL ADULT SPORTS REGISTRATION

TEAM NAME _____

FIRST CONTACT PERSON _____

PHONE _____

ADDRESS (Street, City, Post Code) _____

FAX / EMAIL _____

MOB _____

SECOND CONTACT PERSON _____

PHONE _____

FAX / EMAIL _____

MOB _____

	NAME OF PLAYERS	CONTACT NUMBER	POSTAL ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: Players must have played three games during the current competition and be registered in their respective sports league team to qualify for semis and finals.

OFFICE USE ONLY

	MAX LEAGUE NUMBERS	LEAGUE (TERM)	AMOUNT PAID	CASH / EFT / CHQ / INVOICE	DATE PAID	STAFF SIGNATURE
OPEN SOCCER WEDNESDAY	16 TEAMS					
OPEN NETBALL MONDAY	14 TEAMS					
OPEN NETBALL THURSDAY	14 TEAMS					

PAYMENT IN FULL REQUIRED ON REGISTRATION: Please advise if you wish to be to be invoiced as a team. Please make cheques payable to: North Shore City Council

STAFF SIGNATURE: _____