

**Open Age Futsal Registration Form**

Please note: This registration form is for parents/guardians looking to register their own team for the upcoming season. All required details must be filled out to meet registration requirements.

**Team Name:**

**Age Group (please nominate Open Men’s, Open Women’s or Open Mixed):**

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**Team Manager/Responsible Contact Name:**

**Team Manager/Responsible Contact email address:**

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**Team Manager/Responsible Contact mobile number:**

**Playing colours (playing shirt & shorts)**

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**Senior Futsal Registration Form – Team Member Enrolment Details**

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| **Player Name** | **Email Address** | **Mobile number** |
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**Please note: Once the above details have been provided, a Kelly Sports representative will contact teams to arrange season payment & request that any medical conditions are communicated, to help best support each player engaging in the competition.**