

**Term 2 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:**

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**Team Manager Name:**

**Team Manager contact email address:**

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**Team manager mobile number:**

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

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**Term 2 Futsal Registration Form – Team Member Enrolment Details**

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| --- | --- | --- | --- |
| **Participants name** | **Parent/guardians name** | **Parent/guardian email address** | **Parent/guardian mobile number** |
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**Please note: Once the above details have been provided, a Kelly Sports representative will contact parents/guardians to arrange season payment & request that any additional needs & medical conditions are communicated, to help best support each participant engaging in the competition.**

**\*Please note that children playing in the school academy teams will have playing tops provided.**