

WINTER FUTSAL TOURNAMENT REGISTRATION FORM

Na	ame:		_	
Ag	ge:			
С	ompetition :			
Ur	nder 9's Mixed	Under 11's Mixed	Under 13's Boys 📃	
Ur	nder 13's Girls	Under 15's Boys.	Under 15's Girls	
	am registering as an individ dicate skill level: Novice	ual and would like to be allo	cated a team - Please Experienced	
] a	I am registering with friends and would like to be put in the same team as:			
l a	I am registering as part of a full team (Max 8 players) - Team name is:			
I acknowledge that it is the responsibillity of parents to organise shin guards for my child				
CI		leted form to Nick at Gee	long@kellysports.com.au	
ND /	ALL DETAILS AT	a 0497 770 909		
ELLY	SPORTS.COM.AU	Geelong@kellysports.	.com.au	
			1 Crown Street, South Geelong	
人	CDODTC			
		www.kellvsports.com.	au/Geelong	

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