

METRO SOUTH JUNIOR FOOTBALL LEAGUE INC.

TEAM REGISTRATION FORM

Club _____ Grade _____ Email: msifl97@chariot.net.au – Fax: 8165 2410 – Post: PO Box 2005 Glynde 5070

ALL PLAYERS TRANSFERING FROM ANOTHER CLUB MUST HAVE A CLEARANCE.

Please complete this form using neat block printing with black or blue pen.

	LAST NAME	FIRST NAME	DOB	REGISTRATION NUMBER	SIGNATURE OF PLAYER OR PARENT/GUARDIAN
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- NOTE:** 1: You must register a minimum of 18 players.
 2: All new players must have Registration Form and Proof of Age sent in with this Team Registration Form.
 3: No Registration will be processed unless all paperwork is supplied.