



SEASON: Summer / Winter (Cross out incorrect one)

YEAR: 20__



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| TEAM NAME: | If you have any questions, please contact: Larry 40968243 |
| AGE GROUP: | |
| If MIXED or MENS, can you play on Mondays and Wednesdays? | |

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| Shirt Colour: | Shorts Colour: | Socks Colour: |
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| Given Name | Surname | Date of Birth | Email address | Post Code | Mobile Number | Alternative Number |
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| Team Contact name: | Mobile Number: |
| Email: | Alternative number: |
| Alt. Team Contact name: | Mobile Number: |
| Email: | Alternative number: |

Please note that by registering in a Football Queensland competition, you agree to abide by the Code of Conduct, FIFA Futsal Laws of the Game and directives by the Club or Football Queensland