



# VIKINGS NORTHERN NSW FUTSAL TEAM NOMINATION FORM 2008-09



TEAM NAME:				AGE GROUP:			GENDER:		Male	Female
CLUB/CENTRE:				<b>COFFS HARBOUR</b>			TEAM COLORS:			
COACH:				EMAIL:						
ADDRESS:				SUBURB:				P/CODE:		
PHONE:				FAX:			MOBILE:			
MANAGER:				EMAIL:						
ADDRESS:				SUBURB:				P/CODE:		
PHONE:				FAX:			MOBILE:			
No.	Name	Surname	D.O.B	Address	Suburb	P/Code	Home	Mobile	Rego No.	
1										
2										
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5										
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7										
8										
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10										
11										
12										
    							Receipt No.			