



**SMARTER THAN SMOKING SENIOR SIX-A-SIDE
COMPETITION 2010
NOMINATION FORM**

| | |
|---------------------------|--|
| TEAM NAME | |
| TEAM MANAGER | |
| TEAM COLOURS | |
| PREFERRED DIVISION | |
| COMPETITION | <input type="checkbox"/> Masters (O35) <input type="checkbox"/> Youth 14-17yrs <input type="checkbox"/> Div 1 <input type="checkbox"/> Div 2 <input type="checkbox"/> Div 3 |

| | PLAYERS NAME | CONTACT PHONE/EMAIL |
|----|--------------|---------------------|
| 1 | | |
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| 10 | | |

| CONTACT OF TEAM MANAGER | | |
|-------------------------|--------|--|
| NAME | | |
| E-MAIL | | |
| PHONE | MOBILE | |

PLEASE READ ATTACHED RULES AND CONDITIONS OF THE COMPETITION
AND RETURN THIS NOMINATION FORM TO

EMAIL: fusc@iinet.net.au

OR

CHQS (PAYABLE TO FUSC) & NOMINATION FORMS CAN BE POSTED TO
FUSC SENIOR SIX-A-SIDE REGISTRATION

PO BOX 119

FORRESTFIELD WA 6058