OZ TAG		CENTENNIAL PARK REGISTRATION FORM SUMMER COMP 2020								
TEAM	NAME:									
MANAGER'S NAME:						MANAGER'S PH:				
TEAMS NOT TO CLASH WITH:						GAME TIMES CAN'T PLAY:				
MANAGER'S EMAIL:						<b>'</b>				
COMP (Circle):		TUESDAY MIXED				THURSDAY MENS				
DIVISION (Circle):			1	2	3	4	5	6	7	
SHIRT# FULL		NAME		MOBILE	<b>.</b>		SIGN	IATURE		OFFICE USE
OFFICE USE										
										BALL GIVEN
organisers. We t Signature: All p completed Indiv	he above signed hereby dec further warrant that we are in layers have signed this regi- idual Registration understar ons by taking the field if not	n a fit state of health to play stration form confirming tha nds that they are not a Regi	and understand	that while risk man	agement strategies a e Insurance Cover fo	re in place at our	venue, I partici everse of this s	pate in Oztag know heet as well as Cor	ing that injuries m iditions of Play. Ar	ay still occur.
CHUBBS: 0418 899 889 ANNE: 0413 401 198										