



Delegate:	
Contact Details:	
Team Name:	
Competition Area:	
Email:	
Night Playing:	
Division:	

TEAM DETAILS

	PRINT FULL NAME	SHIRTNO	REGO NO:	CONTACT NO	SUBURB & POSTCODE	DATE OF BIRTH	SIGNATURE	AMOUNT PAID
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OFFICIAL OZTAG TEAM REGISTRATION FORM

For any information on game times etc, go to our website www.sydneyohtag.com.au- PO Box 392 Broadway 2007

Signature: All players have signed this registration form confirming that they have read and understand the Insurance Conditions of Play and Competiton Regulations.