



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](http://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.