



Ryde Eastwood

Delegate:

Contact Details:

Email:

Night Playing:

Team Name:

Division:

TEAM DETAILS

OFFICE USE ONLY

	PRINT FULL NAME	SHIRT NO	CONTACT NO	DATE OF BIRTH	SUBURB & POSTCODE	RN	RD1	OTHER	DATE	OR
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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: Team delegate has signed this registration form on behalf of their team confirming that they have read & understand the insurance Conditions of Play & Competition Regulations.

TEAM DELEGATE SIGNATURE

DATE