



Hornsby

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.sydneyoztag.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	
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