



Inner West

TEAM NAME:	
NIGHT:	
DIVISION:	
DELEGATE NAME:	
CONTACT DETAILS:	
EMAIL:	



TEAM DETAILS

OFFICE USE ONLY

	PRINT FULL NAME	SHIRT #	CONTACT #	DATE OF BIRTH	SUBURB	RN	RD1	OTHER	DATE	OO
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

OFFICIAL OZTAG TEAM REGISTRATION FORM

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

Signature: Team delegate is to sign this registration form on behalf of their team confirming that they have read & agreed to the insurance Conditions of Play & the Competition Regulations

DELEGATE SIGNATURE:

DATE OF SIGNATURE: