



<b>Delegate:</b>	
<b>Contact Details:</b>	
<b>Team Name:</b>	
<b>Competition Area:</b>	
<b>Email:</b>	
<b>Night Playing:</b>	
<b>Division:</b>	

**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.