

Please complete this form electronically and email to [registrar@redbacksoccer.com.au](mailto:registrar@redbacksoccer.com.au)  
or print and complete manually to bring to registration days

# Caringbah Redbacks Football Club Inc.

North Caringbah Oval - Dianella Street Caringbah

September 2017 to December 2017



## REDBACKS SUMMER 7's COMPETITION TEAM REGISTRATION FORM

Team Name	
Team Manager	

### Details for Team Manager

Home Address	
Email	
Home Phone	
Work Phone	
Mobile Phone	

### Division

Women Division 1	WEDNESDAY NIGHTS	
Women Division 2	WEDNESDAY NIGHTS	
Men's Division 1	THURSDAY NIGHTS	
Men's Division 2	THURSDAY NIGHTS	
Men's Division 3	THURSDAY NIGHTS	
Mixed Division	FRIDAY NIGHT	

Tick Box

### Payment

<b>EFTPOS PAYMENT DETAILS</b>		<b>Card Type:</b> Visa, MasterCard only	
<b>Cardholder Name:</b>			
<b>Card Number:</b>		<b>Cardholder Signature:</b>	
<b>Card Expiry Date:</b>		<b>CCV Number:</b>	
<b>Charge Amount:</b>	\$1400.00 (10 player team)	Extra player \$140.00 each	

I will be paying by cheque. Please make cheques payable to Caringbah Redbacks Football Club and bring with you to registration.