

Please complete this form electronically and email to treasurer@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 2010 to December 2010



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 One	WEDNESDAY NIGHTS	
Women Division Two	WEDNESDAY NIGHTS	
Men's Division One	THURSDAY NIGHTS	
Men's Division Two	THURSDAY NIGHTS	
Mixed Division	WEDNESDAY NIGHTS	

Tick Box

Payment

EFTPOS PAYMENT DETAILS		Card Type: visa, MasterCard only	
Cardholder Name:			
Card Number:		Cardholder Signature:	
Card Expiry Date:		CCV Number:	
Charge Amount:	\$1200.00 (10 player team)		

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