

BAYSWATER CUP – 6TH APRIL REGISTRATION FORM

TEAM	NAME: _____
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ADDRESS: _____ _____

CONTACT PERSON _____

PH: _____
MOB: _____
FAX: _____
@: _____

PLAYERS LIST

PLAYER 1	NAME: _____	PH: _____ @: _____
PLAYER 2	NAME: _____	PH: _____ @: _____
PLAYER 3	NAME: _____	PH: _____ @: _____
PLAYER 4	NAME: _____	PH: _____ @: _____
PLAYER 5	NAME: _____	PH: _____ @: _____
PLAYER 6	NAME: _____	PH: _____ @: _____
PLAYER 7	NAME: _____	PH: _____ @: _____
PLAYER 8	NAME: _____	PH: _____ @: _____
GOALIE	NAME: _____	PH: _____ @: _____

<p>PLEASE ADDRESS REGISTRATION TO: BAYSWATER CUP ATTN: JUNE ISON / NATHAN RUSSO P.O. BOX 2018, BAYSWATER VILLAGE VIC 3153 PHONE: 9720 5980 / 9729 1053 FAX: 9720 3808 rollercity@smartchat.com.au</p>
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