

KIRRAWEE KANGAROOS FOOTBALL CLUB

2024 U10 GALA NIGHT ENTRY FORM

|  |  |
| --- | --- |
| NAME OF CLUB |  |
| NAME/GRADE OF TEAM |  |

Please email form to kirraweekfc@gmail.com

NAMES OF NOMINATED PLAYERS FOR THE ABOVE TEAM REGISTRATION ARE AS BELOW

|  |  |
| --- | --- |
| PLAYERS NAME | DATE OF BIRTH |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| 11. |  |
| 12. |  |
| 13. |  |

* We acknowledge that a maximum of 13 players only to be registered to play in one team.
* Players cannot be registered to play in more than one team.
* Only players names listed on this entry form are eligible to play in this gala day and must be currently registered with SSFA.
* Payments:
  + **Transfer** KKFC, BSB 012 430 , Account 415042413
  + **Please use Team name as reference. (e.g. U10A Kirrawee - Gala)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME | EMAIL | PHONE |
| TEAM COACH |  |  |  |
| TEAM MANAGER |  |  |  |

**RSVP BY NO LATER THAN 19th JULY. NO MORE TEAMS WILL BE ACCEPTED AFTER THIS DATE SO PLEASE GET IN EARLY TO AVOID MISSING OUT.**