TEAM REGISTRATION APPLICATION FORM

Club Name: _____ Team No: ___ Year: 20___

Player Details				Last Club Registration Details			Insurance	
Last Name	Given Names	DOB	Address	Club Name	Div	Yr	Snr	Jnr

I, as the representative of the above Club, hereby apply for registration of the above team in the Hunter Christian Churches Football Inc in Division _____.

We agree to be bound by the Constitution, By-Laws and Regulations of the HCCF Inc. Signed: _____ (Club Secretary)