

# Sydney Rangers Football Club Mardi Gras 5-a-side competition

## Player registration form 2009

Team name:

First name:

Other names:

Address:

Suburb:

Postcode:

Date of birth:

### Declaration

I hereby declare:

I have read the above information regarding my details on this form and it is correct and true

I have read the rules of the competition and will abide by these rules and any decisions of Sydney Rangers FC.

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Signature of Player, Parent or Guardian

Date

Fee:

Paid:

Receipt No:

Phone: 0437695854(Gavin)

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