2009 AUSTRALIAN NATIONAL FUTSAL CHAMPIONSHIPS
state team registration form

nominations only accepted from FIFA and FFA approved governing bodies.

Team Name:	**Age Group:**	**State/Federation:**	
Name of Coach :	**Address :**		
Phone – Business :	**Mobile :**	**Home :**	**e-mail :**
Name of Manager :	**Address :**		
Phone –Business :	**Mobile :**	**Home :**	**e-mail :**

Player Details

Shirt No.	Name	FFA No.	DOB

Office Use Only	
Registration Fee:	
Receipt No:	
Date Registered:	
Signed	

See yourself in Canberra
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AUSTRALIAN CAPITAL TOURISM