

BELROSE *TOUCH*

Nomination Form

Team Name.....

Colour.....

MANAGER.....Phone.....

CAPTAIN.....Phone.....

EMAIL.....

PLAYERS NAME.

1	2
3	4
5	6
7	8
9	10
11	12

I..... The Manager of the above team agree to ensure that all players will play the games in accordance with the playing rules which I understand is purely of a Social Nature and no liability is accepted by the Club or the Convener

Signed.....

BELROSE

TOUCH

“CHRISTMAS CUP”

SENIOR GRADES

LIONEL WATTS

FROM 18th OCTOBER 2018

From 7.15.P.M.

\$250. per team

Includes T/Shirt extra T/Shirts \$15.

REGISTER Now on the enclosed form

Eric Galloway

Convener

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Belrose RLFC P.O Box 52 Frenchs Forest NSW 2086

