



**JAN JOHNSON
MEMORIAL WOMENS TOURNAMENT
ENTRY FORM – 2018**

CLUB NAME: _____

TEAM NAME: _____

TEAM MANAGER: _____

MANAGER MOBILE PHONE NUMBER: _____

EMAIL ADDRESS: _____

TOURNAMENT WILL BE RUN ON **SUNDAY** JULY 29th .

ENTRY FEE IS \$250 PER TEAM. THIS IS TO COVER REFS FEES AND MEDALLIONS.

ENTRIES CLOSE 23rd JULY AT 5PM.

THIS ENTRY FORM MUST BE SUBMITTED ELECTRONICALLY TO
operations@northerninlandfootball.com.au BY THE CLOSING DATE.

PAYMENT CAN BE MADE BY CHEQUE (PAYABLE TO NORTHERN INLAND FOOTBALL) OR
ELECTRONICALLY AS AN EFT TO NIF.

EFT DETAILS:

ACCOUNT NAME: NIF;

BSB: 622458;

A/C NUMBER: 932000

REFERENCE: ENTER CLUB NAME + “JJ TOURNAMENT”

A FULLY COMPLETED PLAYER REGISTER FORM FOR EACH TEAM ENTERED MUST BE
SUBMITTED ELECTRONICALLY BY JULY 23rd AT 5PM.

IF THE COMPETITION IS CANCELLED ENTRY FEE WILL BE FULLY REFUNDED.

SUBMIT ALL ELECTRONIC PAPERWORK TO operations@northerninlandfootball.com.au



SPECIAL TOURNAMENT PLAYER REGISTER

	COMPETITION NAME	Jan Johnson Memorial Tournament For Women				
	CLUB					
	CLUB OFFICIAL					
	TEAM NAME					
	FIRST NAME	SURNAME	FFAREG. NUMBER	JUNIOR or SENIOR?	DOB	GENDER
1						
2						
3						
4						
5						
6						
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17						
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