

# PORT DOUGLAS SEVENS 2017 TEAM REGISTRATION FORM

COMPLETED REGISTRATION FORMS AND ENTRY FEE OF \$450 MUST BE RECEIVED BY 26<sup>TH</sup> FEBRUARY 2017



Name of Team: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

Email: \_\_\_\_\_

EMAIL: portdouglasrugby@gmail.com

MAIL: P O Box 627 Port Douglas QLD 4877

BANK DETAILS: BSB 084 878 A/C 84 548 3630

When making a Bank Transfer please include a Reference to your Team Name in the online banking payment.

Team Selection:      Open Mens                      Open Womens                      Over 35s Mens

(Tick box)




Jumper	First Name	Last Name	Date Of Birth	Registered Club
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
			<b>Mobile</b>	
Coach				
Team Mgr				