



## Winter 2017 Application forms – Team Nomination Form

Team Name:	
Team Delegate:	Address:
Phone (m):	Email:

**Please tick the following competition:**

MEN NORTHSIDE	MEN SOUTHSIDE
<input type="checkbox"/> Division 1 @ ANU Monday	<input type="checkbox"/> Division 1 @ TSCS Sunday
<input type="checkbox"/> Division 2 @ ANU Monday	<input type="checkbox"/> Division 3 @ TSCS Sunday
<input type="checkbox"/> Division 2 @ ANU Wednesday	<input type="checkbox"/> Division 5 @ TSCS Sunday
<input type="checkbox"/> Division 3 @ ANU Wednesday	
<input type="checkbox"/> Division 3 @ AIS Thursday	WOMEN
<input type="checkbox"/> Division 4 @ UC Monday	<input type="checkbox"/> Division 1 @ ANU Monday
<input type="checkbox"/> Division 4 @ ANU Wednesday	<input type="checkbox"/> Division 2 @ MC Wednesday
<input type="checkbox"/> Division 4 @ MC Thursday	<input type="checkbox"/> Division 3 @ AISTH Monday
<input type="checkbox"/> Division 4 @ ANU Friday	
<input type="checkbox"/> Division 5 @ ANU Friday	MIXED
<input type="checkbox"/> Division 5 @ GC Sunday	<input type="checkbox"/> Division 1 @ AISTH Tuesday
	<input type="checkbox"/> Division 2 @ UC Friday

**Please fill in all fields below:**

	PLAYER NAME	FFA NO.	D.O.B	MFC INVOICE REGO NO.	STATUS Office Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Team nomination form DUE no later than Wednesday 19<sup>th</sup> April 2017.**

## Winter 2017 Application forms – Page 2 Credit Card Payment



**Email completed form to [Jesamine.Wheeler@capitalfootball.com.au](mailto:Jesamine.Wheeler@capitalfootball.com.au).**

This is to authorise Capital Football to debit my credit card in payment for Futsal goods and services. We do not accept Amex or Diners Club. Note that once processed, form will be destroyed.

CREDIT CARD AUTHORITY: please complete details below												
Please debit (tick)	<input type="checkbox"/>	<b>Bankcard</b>	<input type="checkbox"/>	<b>Mastercard</b>	<input type="checkbox"/>	<b>Visa</b>						
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Expiry Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Cardholder's name:						Cardholders Phone No:						
Payment For Team:												
Payment Amount (tick):	Men \$1,500.00			<input type="checkbox"/>	Women \$1,500.00			<input type="checkbox"/>	Mixed \$1,400.00			<input type="checkbox"/>
Signature :						Date :     /     / 2017						

OFFICE USE ONLY	
Receipt number	<input type="text"/>
Date processed	/     / 2017
CFF staff name	<input type="text"/>
Signature	<input type="text"/>