

LEAGUE APPLICATION FORM

PLEASE CIRCLE NIGHT YOU WISH TO PLAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

TEAM NAME.....

MANAGERS NAME.....

ADDRESS.....

.....

HOME TEL.....

WORK TEL.....

MOBIL TEL.....

SECOND CONTACT NAME.....

HOME TEL.....

WORK TEL.....

MOBIL TEL.....

TEAM COLOURS.....

I AS MANAGER AGREE THAT MY TEAM WILL ADHERE TO THE ALEXANDRA
SOCCER CENTRE RULES

SIGNATURE.....DATE.....