**TEAM REGISTRAION FORM**

1. Continuing Player (Amend Details where necessary and sign)
2. Not Playing with this team
3. New Player to Touch (Supply name, signature and get player to fill in TFA Registration Form)
4. New Player to this Team (Supply name, signature and former team, division and season)
5. New Player to this Affiliate (Supply name, signature and former affiliate)

**Please bring along with you to Woodcroft fields on registration night.**

**Team Name:**

**Affiliate: Blacktown Touch Football Association**

| No. | First Name | Surname | Date of Birth | Phone (H) | Mobile | Address | City/Town | Email | P/Code | Signature |
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