



TOLLAND FOOTBALL CLUB

INFORMATION SHEET

Season 2017

FAMILY SURNAME: _____

Players First Name _____ DOB _____

Players First Name _____ DOB _____

Players First Name _____ DOB _____

Contact Phone Number _____

Parent's Names: _____ & _____

Email address (please print clearly) _____

ALL TEAMS REQUIRE SUPPORT. PLEASE CONSIDER HELPING IN ONE OF THESE ROLES.

Tick which one you may be able to assist with.

Coaching Training Assistance Team Manager

ALL FAMILIES/PLAYERS ARE EXPECTED TO ASSIST AT AN EVENT

Tick the ones you will be able to assist at for just an hour or so

- Food Stall Wagga Swap Meet at the Showgrounds in July
- Food Stall at the Wagga Wagga Show
- Canteen at Duke of Kent

Sportsmans Warehouse is asking to link to our members so we can receive some benefits for the club from your purchases. Would you please indicate your preference below.

- Yes, I agree to give my details to Sportsmans Warehouse.

Email: _____

Name: _____

- No, I do not wish to supply my details.

Please complete this page and bring along to the registration day or email to breedell@exemail.com.au