



Churches Football Association Sydney Inc.

www.cfasydney.com.au

PO Box 509, Chester Hill NSW 2162

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ABN: 42 519 430 447



Form E 2019 KNOCK OUT ENTRY

On behalf of the _____ Club,
please accept the Knockout Competition entries listed on this form for the
competition. full details of the team entries have been included

The above Club agrees to abide by the competition rules and By-laws laid
down for the running of this competition.

Name: _____ Signed: _____
(Club Secretary)

Date: ____ / ____ / ____

TEAM	GRADE	TEAM	GRADE

The _____ team cannot play on _____

night for the following reason:-

_____.

This form duly completed must be returned to the Churches Football Association Sydney Inc.