



Churches Football Association Sydney Inc.



www.cfasydney.com.au

PO Box 509, Chester Hill NSW 2162

Phone number: 0458 003 495

Email Address: secretary@cfasydney.com.au

ABN: 42 519 430 447

Form E 2020 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.