



**Churches Football Association Sydney
Inc.**

www.cfasydney.com.au

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ABN: 42 519 430 447



Form Q

2020 PRE-SEASON ENTRY FORM

SENIOR TEAMS ONLY

NAME OF CLUB: _____

SENIOR TEAM	GRADE PLAYED IN LAST SEASON

NOTE: Player must be registered on line for the season

Please list in the space provided the preferred night or nights of play. We will try and accommodate all requests where possible, for each team.

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) (Club Secretary)

Date: ____ / ____ / ____

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