



**Churches Football Association Sydney  
Inc.**

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# Form E

## 2024 STATE CUP /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.