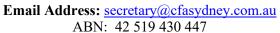


Churches Football Association Sydney

Inc.

www.cfasydney.com.au **Phone number:** 0458 003 495





Form E **2024 STATE CUP /KNOCK OUT ENTRY**

On behalf of the			Club,
olease accept the Kno competition. full details			form for the
The above Club agree down for the running of		empetition rules and	By-laws laid
Name:	Signed:(Club	o Secretary)	
Date:// _		, economy,	
TEAM	GRADE	TEAM	GRADE
The	team canno	ot play on	
night for the following re	eason:-		

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