



**Churches Football Association Sydney
Inc.**

www.cfasydney.com.au

Phone number: 0458 003 495

Email Address: secretary@cfasydney.com.au

ABN: 42 519 430 447



Form E

2026 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

The _____ team cannot play on _____
night for the following reason:-

_____.

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