

COLLEGE RIFLES TOUCH RUGBY COMPETITION

2010-2011 REGISTRATION FORM

Team Name: _____

Please tick the appropriate section you wish to enter your team

Wednesday Starting 20th October

6.00 pm	7-aside Mixed	
6.30 pm	Open Mens	
7.00 pm	6-aside Mixed	
7.30 pm	7-aside Mixed	

Thursday Starting 21st October

6.00 pm	7-aside Mixed	
6.30 pm	Over 30's	
7.00 pm	Over 30's	
7.30 pm	7-aside Mixed	

Team Manager

Name	
Address	
Telephone (day)	
Email	

2nd Contact

Name	
Address	
Telephone (day)	
Email	

Note: Place confirmed once payment received

<i>Office use only</i>
Team subscription: \$600 per team (\$100 Refundable Bond if no defaults)
Date Paid: