



Gold Coast Champions Cup
International Youth Soccer Tournament
Champions Cup
Nomination Form

Team/Customer Number

Team Name	<input type="text"/>	Age Grp	<input type="text"/>
from Club or School Club	<input type="text"/>		
Contact Name:	<input type="text"/>		
Postal Address	<input type="text"/>		
Suburb/City	<input type="text"/>		
State/Province	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Country	<input type="text"/>		
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
Fascimile	<input type="text"/>	Mobile Phone	<input type="text"/>
E-mail	<input type="text"/>		
Web	<input type="text"/>		
Date	<input type="text"/>		

To Enter:

Please complete form, then print and forward a copy with your deposit of \$100 to:
Gold Coast Champions Cup
P. O. Box 1068
Mudgeeraba, QLD 4213
Australia

***Please note we cannot accept nominations without \$100 deposit**

Cheques/Money Orders to be made out to: Gold Coast Champions Cup
Direct Deposits can also be made – please email or phone for bank and account details.
Entries closing 1st August - to be finalised by 31st August
For further information - please visit the website: www.championsyouthcup.com

Contact us

Fax: +61 7 55252971 or
Mobile: +61 0411 493 192
Email: championscup@hotmail.com

