



Team Entry Details

Gold Coast Champions Cup International Youth Soccer Tournament

Team Customer No:- _____

Team Name		Age Category	
<i>From School/Club</i>		<i>No of Players</i>	
Team Contact		Phone	
<i>Email address</i>		Mobile Ph	

Coach & Officials Information	<i>First Name</i>	<i>Family or Surname</i>	<i>Phone during Tournament</i>	<i>Drivers Lic No. or Passport No*</i>
<i>Team Coach</i>				
<i>Assist Coach</i>				
<i>Manager</i>				
<i>Other Official(s)</i>				

	Player Information	<i>First Name</i>	<i>Family or Surname</i>	<i>Date of Birth</i>	<i>Federation Reg'n No</i>	<i>*Passport Number*</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*Note: Passport Numbers required for International teams only

Team Customer No:-

_____ - _____

Team Name		Age Category	
Team Playing Strip – details/description			
Alternative Playing Strip:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If have Alternative Strip - details/description			
Any further information for our records:			
<i>Date</i>	/ /	(Date this form was completed)	

- 1. PLEASE NOTE CLUB TEAMS CAN ONLY HAVE 3 GUEST PLAYERS FROM OTHER CLUBS**
- 2. SCHOOL TEAMS MUST ALL BE REGISTERED TO THE SAME SCHOOL**
- 3. TEAMS ARE PERMITTED TO REGISTER AS MANY PLAYERS FROM CLUBS/SCHOOLS HOWEVER ONLY 16 PLAYERS ARE ALLOWED TO PARTICIPATE IN ANY ONE MATCH.**

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