

TEAM REGISTRATION FORM

TEA	M NAME:				
Con	NTACT:			PHONE NUMBER:	
Емл	AIL:				
* Ple	ase forward a	PDF of your team logo to	southislandrave	ns@gmail.com	
PL	AYER LI	ST:			
	Name	Age	Shirt Size	Dietary Considerations:	
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For further information, please contact Gus Ascroft at

southislandravens@gmail.com