

South East Queensland Football League Team Registration Form

Team Name: <input style="width: 90%;" type="text"/>	Division: (Please Tick)	First: <input style="width: 80%;" type="text"/>	Reserves: <input style="width: 80%;" type="text"/>
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TEAM INFORMATION (Please Print)

Home Strip Colour:		Away Strip Colour:	
Club Name:			
Club Location:			
	City:	State:	P'Code:

TEAM CONTACT DETAILS (Please Print)

Team Manager:			
Home Address:			
	City:	State:	P'Code:
Contact Details:	(H): _____		
	(W): _____		
	(M): _____		
Email:			
Secondary Contact:			
Home Address:			
	City:	State:	P'Code:
Contact:	(H): _____		
	(W): _____		
	(M): _____		
Email:			

Complete and return to:

Email: info@seqfootball.com.au
Fax: (07) 5533 0299
Post: GPO Box 1113,
 BRISBANE, QLD, 4001

Payment Details:

A/C Name: A & M Lock
BSB: 734069
A/C: 621887