**2018 WOMEN AGAINST DOMESTIC ABUSE CUP**

**TUESDAY 19th JUNE 2018**

**TEAM REGISTRATION**

|  |  |
| --- | --- |
| **Club/Team Name:** |  |
| **Contact Name:** |  |
| **Address:** |  |
| **Post Code :** |  |
| **Contact Home/Mobile Number:** |  |
| **Email:** |  |
| **Are players ok to have photographs taken?** |  |
| **Do any of your players have any special dietary needs?** |  |

**PLAYER REGISTRATION**

|  |  |  |
| --- | --- | --- |
| **Squad number** | **Player name (first name and family name)** | **Date of Birth** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |