

**Workplace Cup**

**Team Registration Form**

|  |  |
| --- | --- |
| **Workplace:** |  |
| **Team Name:** |  |
| **Manager 1:** |  | **Phone:** |  |
| **Email:** |  | **D:O:B** |  |
| **Manager 2:** |  | **Phone:** |  |
| **Email:** |  | **D:O:B** |  |
| **Workplace Address:** |

For further information or discussion on any of the above, please contact jose.gomes@bedfordshirefa.com

Please ensure you return your team registration form ASAP (by email/post) as there are limited team spaces available.

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |



**Workplace Cup**

**Player Registration Form**

***Please List all players within your squad below:***

|  |  |  |
| --- | --- | --- |
| **Player Name** | **Phone** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |