**Team Registration 2024**

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| **School details** | | |
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| *School name:* Enter school name. | | *Principal name:* Enter Principal name. |
| *Email:*  Enter school email address. | | *Phone:* Enter school phone number. |
| *Address:* Enter school address. | | *Ground location:* Enter address where your home games will be played. |
| *Is the ground shared with other schools or sports:* Enter Yes or No | *If the ground is shared with other schools or sports, please explain:* Enter as much information as possible. | |

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| **Team registration** | | |
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| *Senior Girls* | Enter number. | Enter any comments about team. |
| *Senior* | Enter number. | Enter any comments about team. |
| *Under 10* | Enter number. | Enter any comments about team. |
| *Under 9* | Enter number. | Enter any comments about team. |
| *Under 8* | Enter number. | Enter any comments about team. |
| *Under 7* | Enter number. | Enter any comments about team. |

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| **Soccer contact details** | |
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| *Name:* Enter contact name. | *Email:* Enter contact email address. |
| *Best contact number:* Enter contact phone number. | |

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| **Authority** | | |
|  | | |
| I confirm the information has been verified by the Principal. ***YES*** | *Date:* Enter date. | *Submitted by:* Enter your name. |

**Please email the completed form to** [**registrar@sdjsa.com**](mailto:registrar@sdjsa.com)