

Mittagong Touch Association
2008/09 Junior Competition
www.mittagongtouch.com

Who: Children in Kindergarten through to Under 16's (U8, U10, U12, U14 & U16 divisions). Teams can be mixed or all boys/girls (7 aside).

When: Thursday afternoons. Times are kept the same each week, depending on the number of nominations. A full draw will be issued by Week 2.

Where: Mittagong Sports Ground (next to Golf Club) Hume Highway, Mittagong

How Much: \$30 per child which covers registration and insurance, Christmas party and end of year presentation. Each child in Under 8 & Under 10 will receive a participation award. Under 12, 14 & 16 play a finals series.

The preferred method of payment of fees is by direct deposit, please see the website for account details.

Uniform: Each team is required to be in full uniform. For the purpose of our competition a uniform consists of:

- Same T-shirt
- Same coloured shorts/bike pants
- White socks
- Sandshoes

From Week 3 teams in full uniform will be awarded one (1) competition point in addition to points received from the game result.

Refereeing: We ask that children in the older divisions come along and referee the Under 8 & 10. At times this is not possible and coaches could be asked to referee.

Insurance: Attached to this nomination form is a Sportscover Team Registration Form which MUST be complete and returned to us as soon as possible to ensure all members of your team are covered.

How to enter:

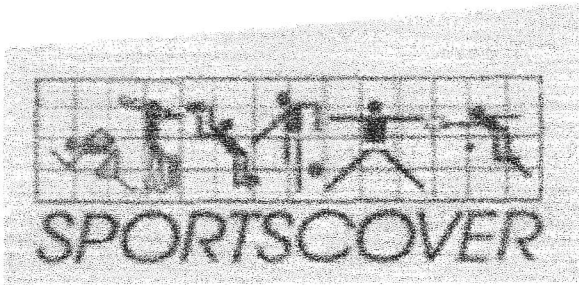
Teams: Send your completed nomination form to PO Box 528, Mittagong 2575 or email to turnleft@bigpond.net.au

Individuals: Contact Michelle on 4871-3491 or email as above and we will endeavour to create teams from names received.

Dates relating to the upcoming competition:

Nominations Close	25 September 2009
Fees due:	5 November 2009
Competition Commences:	Thursday 21 October 2009
Last games before Christmas break:	Thursday 17 December 2009
First games back after break:	Thursday 28 January 2009
Competition Ends:	Mid March 2009

More Information: contact Michelle on 4871-3491
or email turnleft@bigpond.net.au



Club and Team Registration Sheet Mittagong Touch Association

QUALITY INSURANCE AT A SPORTING PRICE
ACN 006 637 903 ABN 43 006 637 903

Team _____

Team Captain

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 2

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 3

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 4

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 5

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 6

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 7

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 8

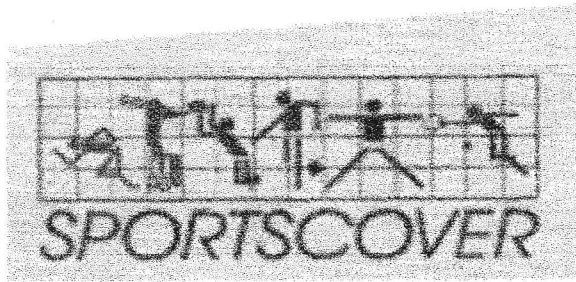
Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 9

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

Player 10

Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____



Club and Team Registration Sheet Mittagong Touch Association

QUALITY INSURANCE AT A SPORTING PRICE
ACN 006 637 903 ABN 43 006 637 903

Team _____

Player 11	Player 12
Family Name: _____ First Name: _____	Family Name: _____ First Name: _____
Date of Birth: ____/____/____ Sex: M or F	Date of Birth: ____/____/____ Sex: M or F
Address: _____	Address: _____
Suburb: _____ P/Code: _____	Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____	Home Ph: _____ Mobile: _____
Occupation: _____	Occupation: _____
Player 13	Player 14
Family Name: _____ First Name: _____	Family Name: _____ First Name: _____
Date of Birth: ____/____/____ Sex: M or F	Date of Birth: ____/____/____ Sex: M or F
Address: _____	Address: _____
Suburb: _____ P/Code: _____	Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____	Home Ph: _____ Mobile: _____
Occupation: _____	Occupation: _____
Player 15	Player 16
Family Name: _____ First Name: _____	Family Name: _____ First Name: _____
Date of Birth: ____/____/____ Sex: M or F	Date of Birth: ____/____/____ Sex: M or F
Address: _____	Address: _____
Suburb: _____ P/Code: _____	Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____	Home Ph: _____ Mobile: _____
Occupation: _____	Occupation: _____