

Mittagong Touch Association
2009/10 Senior Competition
www.mittagongtouch.com

Mittagong Touch Association is delighted to ask for nominations for our 2009/10 season.

Once again this season we will be implementing the following to ensure the smooth running of our competition.

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

- Same colour t-shirt
- Same colour shorts/bike pants
- White Socks
- Sandshoes

As an incentive from Week 3 teams in full uniform will be awarded one (1) competition point in addition to points received from the game result. It is the responsibility of the team captains to check that the referee has allocated these points on the card at the end of their game.

If you play in more than one team on any one night you will be required to change into the correct uniform.

Refereeing: Each team is required to supply the names and details of two (2) referees. If for any reason the named referee cannot do their duty it is up to the team to ensure a replacement is sent to referee the game.

If a referee does not fulfil their duties the team will have one (1) competition point deducted per game missed. This will be effective from WEEK 1.

Fees: The fees will remain as in previous years at \$510 per senior team and \$350 per student team. \$100 part registration payment to accompany nominations.

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

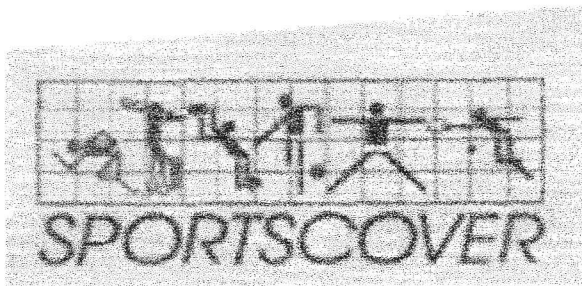
Insurance: Attached to this nomination form is a Sportscover Team Registration Form which **MUST** be completed and returned to us as soon as possible to ensure all members of your team are covered.

Dates relating to the upcoming competition:

Nominations Close	25 September 2009 \$100 to accompany By email or post (see below)
ALL Fees due	02 November 2009
Competition Commences	12 October 2009
Last games before Christmas break	Thursday 17 December 2009
First games back after break	Monday 18 January 2010
Grand Final	Thursday 18 March 2010

If you have any questions please contact Michelle on 02 4871 3491.

*Nominations can be forwarded to PO Box 528 Mittagong NSW 2575 or
Emailed to 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

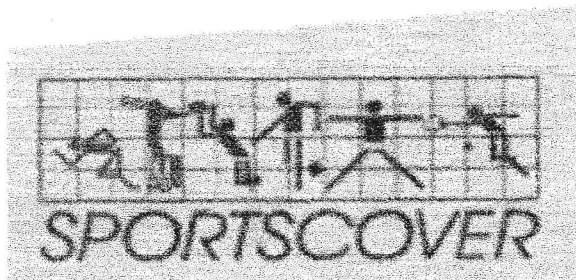
Family Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Sex: M or F
Address: _____
Suburb: _____ P/Code: _____
Home Ph: _____ Mobile: _____
Occupation: _____

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

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

Player 12

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

Player 13

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

Player 14

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

Player 15

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

Player 16

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