

NOMINATION FORM

FALCONS CUP 2024



| AFFILIATE NAME | | | |
|--|------------------|---------------------|-----------------------------------|
| CONTACT NAME | | | |
| EMAIL / PHONE | | | |
| DIVISION (PLEASE CIRCLE) | TEAM NAME | TEAM CONTACT | TEAM CONTACT EMAIL / PHONE |
| BOYS / GIRLS U10 / U12 / U14 / U16/U18 | | | |
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I ACKNOWLEDGE THAT I HAVE READ & UNDERSTOOD THE COE AND THAT ALL PLAYERS, COACHES / MANAGERS / SPECTATORS WILL ABIDE BY THE CONDITIONS OF ENTRY FOR THE 2024 FALCONS CUP AVAILABLE AT IPSWICHTOUCH.COM.

I ACKNOWLEDGE THAT I WILL PROVIDE ALL RELEVANT INFORMATION TO MY TEAM MANAGERS & COACHES, PLAYERS AND ALL RELEVANT PARTIES AS REQUIRED BY IPSWICH TOUCH ASSOCIATION.

Nominations close
Sunday 12th May 2024

Email form to:
admin@ipswichtouch.com

**If nominating more than one team in a division, please list the stronger team first.

Fee: \$320 / team
BSB: 633 000
ACC: 140 940 727
Ref: Affiliate Name