



Milton Ulladulla Football Club Inc.
PO Box 286
Ulladulla NSW 2539
Www.mufc.net.au

Senior Player Registration Form

Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition which the coach should be aware of: _____

Player 2.
Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition which the coach should be aware of: _____

Player 3.
Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition which the coach should be aware of: _____

Player 4.
Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition which the coach should be aware of: _____

Players Address: _____

Players Contact Phone No. _____

Declaration:

I am aware that throughout the season I will be called upon to help with various fund raising activities for the club. I understand that no person will be registered with SDSA unless full payment to the club is made. This means unless full payment is received you can not play. I have also received the brochure on Player code of conduct.

Signature : _____ Date: _____

Please print name: _____

Address: _____

Emergency Contact: _____

Emergency Contact Number: _____

Are you interested in sponsoring a team **Yes / No**

Office Use Only
Payment Date:

Amount Received:

Receipt Number:

Cash / Cheque