**U19 NATIONAL CLUBS CHAMPIONSHIP TEAM LIST**Sunday 3rd July

## TEAM NAME:

BY TICKING THIS BOX YOU ARE CONFIRMING YOU HAVE CONSENT FROM ALL PLAYERS FOR PHOTOGRAPHS & VIDEOS

Team Colours: Kit: Bibs:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Playing****Positions** | Name | **Club Name** | **Date of Birth** | **Affiliation Number**  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **Email address** | **Mobile Number** | **Affiliation No.** |
| **TEAM MANAGER** |  |  |  |  |
| **COACH** |  |  |  |  |
| **Asst. Coach** |  |  |  |  |
| **UMPIRE** |  |  |  |  |

**Signed:** **Position:** **Date:**

**CLOSING DATE FOR ENTRY FORM, PAYMENT & TEAM LIST FRIDAY 17TH JUNE**

Please fill out 1 team list per club.

Where entry numbers are limited places will be allocated on a first come first served basis.

If teams are struggling to source an umpire, please contact myself – **Teams are responsible for contacted and securing an umpire**

**ENTRIES WILL NOT BE ACCEPTED WITHOUT A NAMED UMPIRE (C AWARD)**

**RETURN COMPLETED FORM TO:**

Email: tasha.constable@walesnetball.com