

GIOCA

Spring 5s



Team Name: _____ Age Group: _____

Contact Name (1) _____ Ph: _____

Email: _____

Contact Name (2) _____ Ph: _____

Email: _____

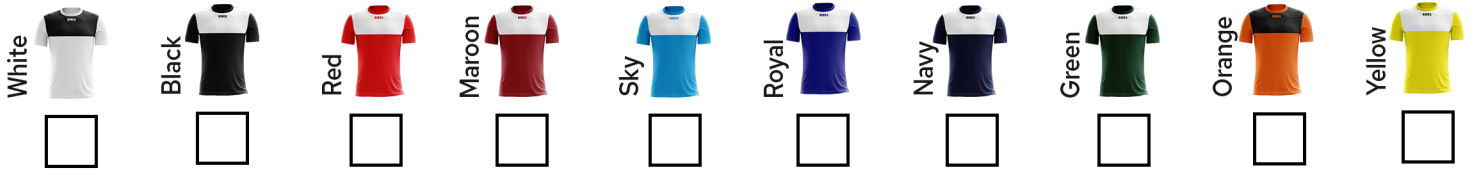
Monday: Open Men Open Women

Tuesday: Open Men Open Mixed

Thursday: 8s 8s Girls 10s 10s Girls 12s 12s Girls 14s 14s Girls

Friday: O30s Men O30s Women O40s Men 10s 12s

Team Colour: (Please number boxes 1-3 to indicate top colour choices)



Player Name (First & Last)	Phone	Email	Jersey Number	Kit Size
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				