

ANNEX B TO  
AJ183978  
DATED JAN 09

**KAPOOKA 12s  
14 MAR 09  
REGISTRATION FORM**

Team Name \_\_\_\_\_ Parent Unit \_\_\_\_\_  
Team Manager \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ ETA \_\_\_\_\_

	Players Name	PMKeys Number	Jumper Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Coach/s \_\_\_\_\_

Goal Umpires 1. \_\_\_\_\_ 2. \_\_\_\_\_

Interchange Marshal 1 \_\_\_\_\_ 2. \_\_\_\_\_

Additional comments:

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\$150 cheque payable to Kapooka 12s enclosed

**Return Registration Form to:**

**WO2 G. Fairbank – Ops Cell, ARTC, Blamey Bks, KAPOOKA, NSW, 2661**