



A.C.N. 050 293 153

APPLICATION FORM MACQUARIE FOOTBALL SAP SQUAD

Name: _____ FFA Number: _____

Date of Birth: ____/____/____

Address: _____

Postcode: _____

Phone Number: _____

Email: _____

Do hereby apply to trial in the Under ____ Macquarie Football SAP Squad for the 20__ Season.

Club and Division played at this year: _____

Signature of Player: _____

I agree and accept that Macquarie Football Limited accepts NO liability or responsibility in any way for costs, damages resulting from injuries or accidents and loss/damages to property and/or personal possessions.

Signature of Parent/Guardian: _____

Parent's First Names: _____ & _____

Interested in Goalkeeper: Yes / No (please hW one)

Preferred Positions: 1. _____

2. _____

Office Use Only

COLOUR: _____

NUMBER: _____

IN / OUT

Reserve Number: _____