

NEW BRIGHTON RFC TOUCH MODULE 2009/10 TEAM REGISTRATION FORM WEDNESDAY

Team: _____

Grade: Please tick one

Men's	Mixed	Over 40

Team Members:

Playing No.	Players name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

Colour of Team Tops: _____

Team contact details

Team Manager's Name: _____

Contact No's Home: _____

 Business: _____

 Cell: _____

Address: _____

Email: _____