

# SAJSA - South Australian Junior Soccer Associations Inc.



## COMBINED TEAM NOMINATION SHEET AND INVOICE COUNTRY CHAMPIONSHIPS 2017

ASSOCIATION \_\_\_\_\_ DATE \_\_\_\_\_

TEAM SHIRT COLOURS \_\_\_\_\_

AGE GROUP	No. TEAMS	NOM. FEE	TOTAL
Under 12 Dev	_____	\$300 _____	_____
Under 12	_____	\$300 _____	_____
Under 13	_____	\$300 _____	_____
Under 14	_____	\$300 _____	_____
Under 15	_____	\$300 _____	_____
Under 16	_____	\$300 _____	_____

### COMBINED GIRLS

Under 13	_____	\$300 _____	_____
Under 16	_____	\$300 _____	_____

TOTAL PAID     \$  
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The above forms must be sent to the Secretary, **Barry Lewis, 89 Pimpala Road, Reynella, SA 5161**, along with a cheque for the full amount shown, 21 days prior to the event. **Failure to send this cheque by this date may result in teams being excluded from the championships.**

**Association Treasurers** Please copy this form and treat it as an invoice for your records.

**Association Officials** Please copy this form and fill in team numbers only to submit to the **hosting association 21 days prior to the event**, as a team nomination form.

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SIGNATURE

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NAME

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TITLE