

TEAM - OFFICIAL LOSS OF INCOME COVER REGO FORM



COMPETITIONS

TEAM NAME:			TO	TOURNAMENT AREA:				
TEAM DELEGATE:			TO	TOURNAMENT DATES:				
DELEGATE'S ADDRESS:			D	IVISION:	MENS	WOMENS	MIXED	
EMAIL:								
CONTACT NUMBERS: (HM)		(WK)	(N	иов)				
Indemnity: We the below signed hereby declare ar We further warrant that we are in a fit state of heal Signature: All players have signed this registration f this sheet as well as Conditions of Play. Any player th	th to play and understar form confirming that the	nd that while risk management strategie y have read and understood the Insuran	es are in place at our venue, I pa ace Cover for Players on the reve	articipate in Ozto erse of	ag knowing that injuri	es may still occur.	ed by the organisers.	
		TEAM [DETAILS					
PRINT FULL NAME	OFFICE	ADDRESS	ADDRESS (inc P/C)		PHONE NO.	DOB	SIGNATURE	
Personal Accident Insurance For Oztag	Toams							
Limit any one injury (whilst playing Ozta This cover is over and above any existin PLEASE FORWARD A COPY OF THIS REC	ag) in this tournar	y Oztag. Premium per team =	= \$99			eense of the town	OZTAG	
			_			ience or the tour	mament) to:	
SureFinity QLD PO BOX 421 NORTH LAKES QLD 4509 PHONE 1300 450 663 FAX 07			Credit Card Details:	Name on Card				
Payment can be paid by either cheque or Credit Card			Credit Card Details:	Card No:				
					Expiry Date:			
				CCV No:				