

## TEAM - OFFICIAL LOSS OF INCOME COVER REGO FORM



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TEAM NAME:	TOURNAMENT AREA:					I	
TEAM DELEGATE:	TC	TOURNAMENT DATES:					
DELEGATE'S ADDRESS:			DI	DIVISION: MENS WOMENS			IXED
EMAIL:							
CONTACT NUMBERS: (HM)		(WK)	(N	иов)			
We further warrant that we are in a fit stone Signature: All players have signed this reg	ate of health to play and und gistration form confirming th	are participating in the OZTAG Tournament a lerstand that while risk management strategie. at they have read and understood the Insurand or paid their Individual Registration Fee under	s are in place at our venue, I pa se Cover for Players on the reve stands that they are not a Regi	rticipate in Oztag erse of	g knowing that injuries	may still occur.	nined by the organisers.
		TEAM D	ETAILS				T
PRINT FULL NAM	1E OFFICE	ADDRESS (	inc P/C)		PHONE NO.	DOB	SIGNATURE
Personal Accident Insurance Fo	or Oztag Teams						
	· · · · · · · · · · · · · · · · · · ·	irnament of \$500 per week (limite		with an exce	ess of 14 days)		07 TAG
Inis cover is over and above and	y existing cover offer	red by Oztag. Premium per team =	\$99				8
PLEASE FORWARD A COPY OF 1	THIS REGISTRATION I	FORM ALONG WITH PAYMENT O	F \$99 gst inclusive PEF	R TEAM (prid	or to the comme	nce of the to	ournament) <b>to:</b>
SureFinity QLD PO BOX 421 NOI	RTH LAKES QLD 4509	PHONE 1300 450 663 FAX 07 388	6 2615 Email <u>nathan@</u>	surefinity.c	<u>om.au</u>		
Payment can be paid by either cheque or Credit Card			Credit Card Details:	ails: Name on Card			
				Card No:			
				Expiry Date:			
				CCV No:			