

TEAM - OFFICIAL LOSS OF INCOME COVER REGO FORM



TOURNAMENTS

TEAM NAME:				TOURNAMENT AREA:					
TEAM DELEGATE:				TOURNAMENT DATES:					
DELEGATE'S ADDRESS:	DIV	ISION:	MENS	WOMENS	MIXED				
EMAIL:									
CONTACT NUMBERS: (HM)		(WK)		(MOB)				
Indemnity: We the below signed hereby declare and a organisers. We further warrant that we are in a fit state occur. Signature: All players have signed this registration for this sheet as well as Conditions of Play. Any player the	nte of health to rm confirming	play and understand that while ris that they have read and understoo ted or paid their Individual Registra	sk management stra od the Insurance Cov	tegies are ir ver for Playe	n place at our ve ers on the reverse	nue, I participate i e of	n Oztag knowin	g that injuries may still	
TEAM DETAILS							DOD	CIONATURE	
PRINT FULL NAME	OFFICE	ADDRESS (in	nc P/C)		PHONE N	10.	DOB	SIGNATURE	
Personal Accident Insurance For Oztag Tea Limit any one injury (whilst playing Oztag) i This cover is over and above any existing of PLEASE FORWARD A COPY OF THIS REGIST GSA Insurance Brokers PO Box 101 Grosve	n this tourna over offered TRATION FO	I by Oztag. Premium per tea RM ALONG WITH PAYMENT	m = \$99 OF \$99 gst incl u	usive PER	: TEAM (prior t	to the commer		urnament) to:	
Payment can be made online (credit card s surcharge applies)	CREDIT CARD D	DETAILS:	Name on C Card No.: Expiry Date CCV No:						