OFFICIAL SQUAD SHEET

AGE ELIGIBILITY

(PLEASE PHOTOCOPY)

BILL TURNER TROPHY 2008

in association with
Northern NSW Football
(Use Capital Letters Only)

School: _____

Address: _____

_____

Phone: _____ Fax: _____

Signed Manager/ Coach _____ Signed Principal _____

Date _____ Date _____

First Name	Surname	Date of Birth