



2010 Nomination Form

CANBERRA, AUSTRALIA

Team name

Club

Association

10 11 12 13 14 15 16 18

Age Group (please tick)

Female Male

Gender (please tick)

Cup Plate Shield

Which competition is your team most suited to? (Please tick)

Primary Contact First Name

Last name

Email

Mobile

Home Phone

Work Phone

Address

State

City

Postcode

Country

Please debit my/our credit card for the non-refundable deposit amount of \$200

Name on card

Credit Card number

Expiry Date

Signature

Method of Payment

Cheque MasterCard Visa Debit Card Electronic Transfer

Cheques must be made out to ACT Football Federation
Direct Deposits/Electronic Transfers can also be made – please email or phone for bank and account details.

Please note we cannot accept nominations without \$200 deposit

Tick here if you do not wish to receive special offers and information from Kanga Cup, Capital Football, FFA or our Sponsors

To Enter:

Please complete form, send a copy with your deposit of AUD \$200 to:

Post: McDonald's Kanga Cup Fax: +61 2 6260 4999
PO Box 50 Email: kangacup@capitalfootball.com.au
Curtin ACT 2605
AUSTRALIA

Entries Close Friday 21 May

For more information visit www.kangacup.com or email kangacup@capitalfootball.com.au